

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045707

STATE FILE NUMBER

Registration District No. 237 Primary Registration District No. _____ Registrar's No. 245

AMENDED FILED DEC 26 1961

1. PLACE OF DEATH a. COUNTY NOD AWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmo		Length of stay in 1b 3 days		c. CITY OR TOWN Burlington Jct		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Ford Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) Rosetta Monk Noakes				First Middle Last		4. DATE OF DEATH Month Day Year Dec. 18, 1961							
5. SEX Female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/26/1875		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Princeton, Missouri		12. CITIZEN OF WHAT COUNTRY US					
13a. FATHER'S NAME Albert Monk				13b. MOTHER'S MAIDEN NAME Pinana Sanders				14. NAME OF HUSBAND OR WIFE Robert Noakes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Address Robert Noakes Burlington Jct Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure										INTERVAL BETWEEN ONSET AND DEATH few hrs.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic encephalomalacia										3 days			
DUE TO (c) Arteriosclerosis.										sev. yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, acidosis, arteriosclerotic heart disease.								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)									
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from Dec. 16, 1961 to Dec. 18, 1961 and last saw him ^{her} alive on Dec. 18, 1961 . Death occurred at 10:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Marvin Ford</i> (Degree or title) D.O.				22b. ADDRESS Elmo, Mo.				22c. DATE SIGNED Dec 20, 61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/20/61		23c. NAME OF CEMETERY OR CREMATORY Ohio Cemetery		23d. LOCATION (City, town, or county) Burlington Jct Mo (State)							
24. FUNERAL HOME OR ADDRESS Burlington Jct Mo				25. DATE RECD. BY LOCAL REG. 12-20-61		26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>							

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2965

P. O. Address Burl. Jct. Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.