

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030577  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. 79

<b>FILED AUG 21 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Gentry</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Miller Township</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>S.W. of Albany</b>	c. CITY OR TOWN <b>Miller Township</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) <b>S.W. of Albany</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <b>OLIVER</b>	Middle <b>THOMAS</b> Last <b>NOBLE</b>
4. DATE OF DEATH <b>Aggust 8, 1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/3/62</b>
9. AGE (last birthday) <b>50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>agriculture</b>	
11. BIRTHPLACE (City and state or country) <b>Gentry Co., Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>James Elmer Noble</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary F. Power</b>	
14. NAME OF HUSBAND OR WIFE <b>Lila Viola Thurman Noble</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Mrs Oliver T. Noble</b> Address <b>King City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>C.A. Lymph Node in left neck.</b>	
DUE TO (b) _____	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
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 checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>July 1-62</b> to <b>Aug. 8-62</b> and last saw him alive on <b>Aug. 8-62</b> Death occurred at <b>11:50 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>C. I. Pray, D.O.</b>	
22b. ADDRESS <b>Albany, Mo.</b>	
22c. DATE SIGNED <b>8-10-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>Aug 11, 1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Hall</b>	
23d. LOCATION (City, town, or county) <b>Gentry Co., Missouri</b> (State)	
24. FUNERAL DIRECTOR <b>Brooks-Cochell Funeral Home</b> ADDRESS <b>Albany, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>8-12-62</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. K. W. Bare</b>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AUG 22 1962

**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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Donald E. Coohel*

Licensed Embalmer No. 4868

P. O. Address Albany, 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.