

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047474

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 153

STATE FILE NUMBER

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Jefferson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Township Length of stay in 1b 69Yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ten Brook Road Arnold Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Jefferson
 c. CITY OR TOWN Arnold Rural Route Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Ten Brook Road Arnold Mo Reside on Farm Yes No
 3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Christian G. Noll 12-17-62
 5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Mar 5 1893 9. AGE (last birthday) 69 IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and state or country) Jefferson County Mo 12. CITIZEN OF WHAT COUNTRY U S A
 13a. FATHER'S NAME George Moll 13b. MOTHER'S MAIDEN NAME Anna Flamm 14. NAME OF HUSBAND OR WIFE Single
 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. None 17. INFORMANT Address Mrs Annie Dornseif Arnold 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) Cerebral Embolism. INTERVAL BETWEEN ONSET AND DEATH 72
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterial sclerosis.
 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. Yes No Unknown
 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____
 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE
Corcoran's View _____ and last saw her _____ him _____ live on _____
 21. I attended the deceased from _____ Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title) James R. Johnson D.C. Crow 22b. ADDRESS Festus Mo. 22c. DATE SIGNED 12-22-62
 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 24 1962 23c. NAME OF CEMETERY OR CREMATORY St John Cemetery 23d. LOCATION (City, town, or county) (State) Beck Mo
 24. FUNERAL DIRECTOR ADDRESS Heiligtag Fune ral Home Imperial Mo 25. DATE RECD. BY LOCAL REG. 12-24-62 26. REGISTRAR'S SIGNATURE Robert E. Bauer

JAN 22 1963

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial MD

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.