

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034878

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 138

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 26 1963

<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Vernon</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u> Length of stay in 1b <u>3 mths.</u> <u>1 yr.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 3</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u></p> <p>c. CITY OR TOWN <u>Pineville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p><b>3. NAME OF DECEASED</b> First Middle Last (Type or print) <u>Burr Vadis Noel</u></p>			<p><b>4. DATE OF DEATH</b> Month Day Year <u>August 7, 1963</u></p>		
<p><b>5. SEX</b> <u>Male</u></p>		<p><b>6. COLOR OR RACE</b> <u>White</u></p>		<p><b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p><b>8. DATE OF BIRTH</b> <u>11-8-1887</u></p>		<p><b>9. AGE</b> (last birthday) <u>75</u></p>		<p><b>IF UNDER 1 YEAR</b> Months Days <b>IF UNDER 24 HR</b> Hours Min.</p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u></p>			<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>McDonald Co. Missouri</u></p>		<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S.</u></p>
<p><b>13a. FATHER'S NAME</b> <u>John D. Noel</u></p>			<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Melinda Addington</u></p>		<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>Beulah Noel</u></p>
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of)</p>			<p><b>16. SOCIAL SECURITY NO.</b> <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>		<p><b>17. INFORMANT</b> <u>Hospital records</u> Address</p>
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u></p> <p>Conditions, if any, which gave rise to above cause (s), stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u></p> <p>DUE TO (c) _____</p>					<p><b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 hours</u></p> <p><b>Years</b></p>
<p><b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <u>Chronic Brain Syndrome</u></p> <p><u>Associated With Circulatory Disturbance, With Psychotic Reaction</u></p>					<p><b>PART III. If deceased was female was there a pregnancy in last 90 days.</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p><b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>		<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p><u>The Staff</u></p>		<p><u>20f. CITY, TOWN, OR LOCATION</u> <u>County</u> <u>State</u></p>		<p><b>21. attended the deceased from</b> <u>May 7, 1962</u> to <u>August 7, 1963</u> and last saw her <u>live on August 7, 1963</u></p> <p>Death occurred at <u>2:30 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p> <p><u>I viewed the remains.</u></p>	
<p><b>22a. SIGNATURE</b> <u>Hilda Illingworth</u> (Degree or title)</p>			<p><b>22b. ADDRESS</b> <u>State Hospital No. 3 Nevada, Missouri</u></p>		<p><b>22c. DATE SIGNED</b> <u>8-7-63</u> (State)</p>
<p><b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u></p>			<p><b>23b. NAME OF CEMETERY OR CREMATORY</b> <u>Pineville Cemetery</u></p>		<p><b>23d. LOCATION</b> (City, town, or county) <u>Pineville, Missouri</u> (State)</p>
<p><b>24. FUNERAL DIRECTOR</b> <u>Harold Downey Funeral Home, Pineville, Missouri</u></p>			<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>8-12-1963</u></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Anna E. Perry</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
1 <u>1080</u>
2 <u>0600</u>
3 <u>2</u>
4 <u>0</u>
5 <u>1</u>
6
7 <u>0</u>
8 <u>2</u>
<u>94500</u>
10
11
<u>123-0</u>
13 <u>10</u>

AUG 29 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

*Ray E. Ireland*

Licensed Embalmer No. 5052

P. O. Address Nevada 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.