

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration "District No." 174 Primary Registration District No. 3020 Registrar's No. 00411112 STATE FILE NUMBER

VS 300
Rev. 4/59

1 0542

2 0970

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4 0

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12 2-0

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

OCT 11 1964

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LEXINGTON</u>		c. CITY OR TOWN <u>BLACKBURN</u>	
Length of stay in 1b <u>4 DAYS</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LEXINGTON MEMORIAL</u>		d. STREET ADDRESS (If outside, give location) <u>Northside</u>	
Yes ☒ No ☐		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Fredrick</u> Last <u>Nolte</u>		4. DATE OF DEATH Month <u>October</u> Day <u>20</u> Year <u>1964</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>8/12/1900</u>
9. AGE (last birthday) <u>64</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	
11. IF UNDER 24 HR Hours <u>4</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LEWIS HENRY NOLTE</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE ANNIE FLAIR</u>	
14. NAME OF HUSBAND OR WIFE <u>LEONA WRIGHT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>490-30-4839</u>		17. INFORMANT <u>LEONA NOLTE</u> Address <u>BLACKBURN Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Anterior Septal myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>4 days</u> DUE TO (c) <u></u>			
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	
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	
21. I attended the deceased from <u>Jan 1962</u> to <u>Oct 20-64</u> and last saw him alive on <u>Oct 20-1964</u> Death occurred at <u>9:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Koppaenburic M.D.</u>		22b. ADDRESS <u>Higginville Mo</u>	
22c. DATE SIGNED <u>Oct 21-64</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>Oct. 22, 1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>BLACKBURN CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>BLACKBURN, Mo.</u>		24. FUNERAL DIRECTOR <u>YENE MILLER</u> Address <u>Sweet Springs, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>10-21-64</u>		26. REGISTRAR'S SIGNATURE <u>Wm. S. Eastman</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

NOV 19 1964

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 James J. Moller

Licensed Embalmer No. 4785

P. O. Address East Springfield

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.