

FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41182

State File No.

BIRTH NO. ....		REG. DIST. NO. 103	PRIMARY REG. DIST. NO. 5414	Registrar's No. .... 17
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
a. COUNTY DUNKLIN		a. STATE MISSOURI		
b. CITY (If outside corporate limits, write RURAL and give township) CARDWELL		b. COUNTY DUNKLIN		
c. LENGTH OF STAY (in days)		c. CITY (If outside corporate limits, write RURAL and give township) CARDWELL Buffalo.		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location) Route 1. 0350		
3. NAME OF DECEASED (Type or Print) NOAH		4. DATE OF DEATH (Month) (Day) (Year) 11-21-51		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-9-1885	9. AGE (in years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during period of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ELIE JOYNER		13b. MOTHER'S MAIDEN NAME LARA KING	14. NAME OF HUSBAND OR WIFE MARTHA JOYNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ZELMA PAXTON, Belleville, Ill.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		BRONCHIOGENIC CARCINOMA		
*This does not mean the mode of dying, such as heart failure, anesthesia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES		Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.		
DUE TO (c)				
11. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 162X		
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from MARCH, 1951, to 11/21, 1951, that I last saw the deceased alive on 11/21, 1951, and that death occurred at 11:20 P.m., from the causes and on the date stated above.				
23a. SIGNATURE William E. Barkem, M.D.		23b. ADDRESS Cardwell, Mo.		23c. DATE SIGNED 12/13/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-24-51		24c. NAME OF CEMETERY OR CREMATORIAL Cardwell
DATE REC'D BY LOCAL REG. 12-14-51		REGISTRAR'S SIGNATURE 85-17481 Harrison		24d. LOCATION (City, town, or county) (State) Cardwell, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Edward		ADDRESS Funeral Service		

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 12-22-51 .....  
COUNTY FILE NUMBER .. 1281-361 .....

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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 .....  
Student Embalmer

Signed

*H. H. Howard*

Licensed Embalmer No. 3959

P. O. Address *Leachville, Ar*

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

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