No. 300
10.48

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37936

State File No.

BIRTH NO. 134 REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 3042 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 400 Virginia ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Tennessee
b. COUNTY: O'Bion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Union City
d. STREET ADDRESS (If rural, give location): 412 Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): Patrick
b. (Middle): Reese
c. (Last): Nolen, II

4. DATE OF DEATH (Month) (Day) (Year): Nov. 10, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: April 25, 1863
9. AGE (In years last birthday): 86 — If under 1 year: Months 6, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): restaurant operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Franklin, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Patrick Reese Nolen, I.
13b. MOTHER'S MAIDEN NAME: Elizabeth Hughes
14. NAME OF ~~HUSBAND OR~~ WIFE: Mary M. Nolen (deceased)

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'S SIGNATURE OR NAME: Mary Counts — ADDRESS: Fredericktown Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: one month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral hemmorrhage — 7 days
DUE TO (c) arteriosclerosis — 10 years

II. 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:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Oct. 3, 1949, to Nov. 10, 1949, that I last saw the deceased alive on Nov. 10, 1949, and that death occurred at 4:00 p m., from the causes and on the date stated above.

23a. SIGNATURE: Dr Kenneth P. Wheeler (Degree or title): D.O.
23b. ADDRESS: Fredericktown, Mo
23c. DATE SIGNED: 11-10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-13-49
24c. NAME OF CEMETERY OR CREMATORY: East View cemetery
24d. LOCATION (City, town, or county) (State): Union City, Tennessee

DATE REC'D BY LOCAL REG.: 11-14-1949
REGISTRAR'S SIGNATURE: Florence Wicks 187 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Webb-Adamson - Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-25-49

Health Officer No. 4

File Number 1149-1540

Date Filed

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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Walyean Adamson

Licensed Embalmer No. 4351

P. O. Address Fredericktown, 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 this body is not embalmed, fact should be so stated above.