

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39123**
Registrar's No. **10254**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10254	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis 80			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia Missouri		6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				e. STREET ADDRESS (If rural, give location) 301 East 4th Street			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Bernard c. (Last) Casper Nolan			4. DATE OF DEATH (Month) (Day) (Year) Nov 28 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 1 1922	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger Salesman		10b. KIND OF BUSINESS OR INDUSTRY Messenger Corp		11. BIRTHPLACE (State or foreign country) Levy Arkansas		12. CITIZEN OF WHAT COUNTRY? Us	
13a. FATHER'S NAME Bernard Nolin		13b. MOTHER'S MAIDEN NAME Anna Nolan		14. NAME OF HUSBAND OR WIFE Alma Nolin			
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 348-1646815		17. INFORMANT'S SIGNATURE OR NAME Alma Nolan 301 East 4th St. Sedalia Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis ANTECEDENT CAUSES Rheumatic Heart Disease Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 11 years 11 years.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 955			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 416X			
22. I hereby certify that I attended the deceased from 8-28 , 19 45 , to 11-28 , 19 49 , that I last saw the deceased alive on 11-28 , 19 49 , and that death occurred at 2 P m., from the causes and on the date stated above.							
23a. SIGNATURE M. Norman Ogel (Degree or title) M.D.				23b. ADDRESS 508 North Grand, St. Louis		23c. DATE SIGNED 11-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Nov 28 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Edwardsville, Ill.	
DATE REC'D BY LOCAL REG. NOV 29 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer Address Shinto City, Ill.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....

Charles E. Spicer

Signed.....

Student Embalmer

Licensed Embalmer No. *2988*

P. O. Address *Tramite City*

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.