

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 614

0264

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City 0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1311W High	d. STREET ADDRESS (If rural, give location) 1311W High 0		

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) CAROLINE c. (Last) NOONAN	4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Nov 13 1859	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 123	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work or the kind most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Jefferson City, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Anton Moeller	13b. MOTHER'S MAIDEN NAME Katharine Callender	14. NAME OF HUSBAND OR WIFE Dennis Noonan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. [redacted]	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L.J. Noonan J.C. Mo
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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) Pneumonia Hypostatic		INTERVAL BETWEEN ONSET AND DEATH  52 2X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-24 19<sup>44</sup> to 1-6 19<sup>50</sup> that I last saw the deceased alive on 1-6 19<sup>50</sup>, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE J.W. Ockman (Degree or title)	23b. ADDRESS N. Jefferson City, Mo	23c. DATE SIGNED 1/7/50
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24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE Jan 9, 1950	24c. NAME OF CEMETERY OR CREMATORY St. Peter's	24d. LOCATION (City, town, or county) Jefferson City, Mo (State)
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DATE REC'D BY LOCAL REG. Jan 9-1950	REGISTRAR'S SIGNATURE R.P. Davis M.D. - T.R.S.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sylvester Hill J.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JAN 13 1950  
District Health Officer No. 9,  
District File Number \_\_\_\_\_

**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 \_\_\_\_\_  
Student Embalmer

Signed *Sylvester D. Dulle*  
Licensed Embalmer No. *4321*

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