

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2112**
Registrar's No. **4**

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 4		
1. PLACE OF DEATH a. COUNTY PUTNAM				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PUTNAM				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE				c. LENGTH OF STAY (in this place) LIFE TIME				
d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE HOSPITAL				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE				
d. STREET ADDRESS (If rural, give location)				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) SARAH			b. (Middle) _____		
			c. (Last) NOEL			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 19, 1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH DECEMBER 20, 1872		
						9. AGE (in years last birthday) 77		
						IF UNDER 1 YEAR Months 0 Days 29		
						IF UNDER 24 Hrs. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK				10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI		
						12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME JOHN REDDING			13b. MOTHER'S MAIDEN NAME MARY A. GILLILAND			14. NAME OF HUSBAND OR WIFE GEORGE F. NOEL		
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 NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS RAY NOEL R. F. D. LUCERNE, MISSOURI			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic hypertension						
		DUE TO (c) arteriosclerosis						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4433X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)				
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?				
22. I hereby certify that I attended the deceased from July 25, 1947 , to Jan 19, 1950 , that I last saw the deceased alive on Jan 19, 1950 , and that death occurred at 11:05 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) L. W. McDonald D.O.				23b. ADDRESS Unionville, Mo		23c. DATE SIGNED 1-29-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/22/50	24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY		24d. LOCATION (City, town, or county) (State) UNIONVILLE, MISSOURI			
DATE REC'D BY LOCAL REG. 1-28-50		REGISTRAR'S SIGNATURE Marvell Durbin		FUNERAL DIRECTOR'S SIGNATURE ADDRESS COMSTOCK FUNERAL HOME UNIONVILLE, MO.				

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

NOV 25 1953

RECEIVED

JAN 3

District Health Officer N

District File Number JAN 3 1

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *John N. Comstock*

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.