

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9784

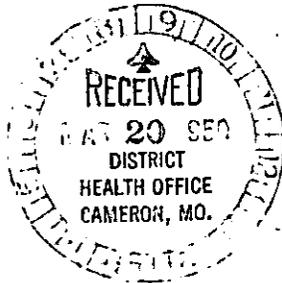
BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 4381		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u>		c. LENGTH OF STAY (In this place) <u>53 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hopkins</u>		0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>CRAWFORD</u> c. (Last) <u>Noles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 7-1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 9-1875</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSISTANT AGENT C. B. G. Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Noles</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Thistle</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Maude Noles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>707-07-0761</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Maude Noles Hopkins Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforating ulcer of stomach</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH  <u>1 day</u>
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) _____	
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 <u>1/1, 1950</u> , to <u>3/7, 1950</u> , that I last saw the deceased alive on <u>3/7, 1950</u> and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. W. H. M. D.</u>				23b. ADDRESS <u>Hopkins</u>		23c. DATE SIGNED <u>3/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopkins Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hopkins Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-18-50</u>		REGISTRAR'S SIGNATURE <u>Beas Holt 229</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stanley Swanson Hopkins, Mo</u>			

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

074

MAR 31 1950

APR 8 1950



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.....

*myself*

Student Embalmer No. ....

working under my personal supervision.

Signed *Stanley Swanson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *396 2*

P. O. Address *Hopkins, 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.