

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 7 1950 STANDARD CERTIFICATE OF DEATH

State File No. **20795**

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Waverly</u>	c. LENGTH OF STAY (in this place) <u>Lifetime</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Waverly</u> <u>0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>WIZZLE</u>	a. (First)	b. (Middle)	c. (Last) <u>NOLAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 8-1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-15-1877</u>	9. AGE (In years last birthday) <u>72</u> Months <u>9</u> Days <u>23</u>
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Waverly Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>E. Swain</u>	13b. MOTHER'S MAIDEN NAME <u>E. Swain</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>Rosella Miner</u> ADDRESS <u>H.C. Mo.</u>
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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* <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 6:18 PM 1950, to _____, 19____, that I last saw the deceased alive on 6/7, 1950, and that death occurred at 4:12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Waverly</u>	23c. DATE SIGNED <u>6/9/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cemetery</u>	24d. LOCATION (City, town, or county) <u>Waverly Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 10-1950</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Langrum</u>	154	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry R. Green</u> ADDRESS <u>204 So 24th St.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0540

Lexington Mo

RECEIVED

JUN 14

District Health Officer No. 87

District File Number

Date Filed 7-6-50

JUN 14 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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.