

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1884

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		<u>0672</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 Green Street</u>				d. STREET ADDRESS (If rural, give location) <u>212 Green Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u>			b. (Middle) <u>S. (no name)</u>		c. (Last) <u>Noble</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 8, 1951</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. 27, 1869</u>		9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u></u>	11. DAYS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wood working</u>		11. BIRTHPLACE (State or foreign country) <u>Minonk, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Ezekiel Noble</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Noble</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Noble</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lucy Noble, 212 Green St., Charleston</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic thickening</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>351X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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)			
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 <u>23 Sept</u> , 19 <u>50</u> , to <u>Sept 2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 2</u> , 19 <u>51</u> , and that death occurred at <u>4:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John E. Permann, M.D.</u>				23b. ADDRESS <u>Charleston, Missouri</u>		23c. DATE SIGNED <u>1/9/1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/10/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 2-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Kay Kigore</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>THE WUNNELS FUNERAL CHAPEL</u>		ADDRESS <u>Charleston, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0672

FEB 9 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed FEB 9 1951

FEB 13 1951

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 F. Munnell Jr
Licensed Embalmer No. 3857

P. O. Address Charleston, W

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.