No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2169

State File No. .....

FILED JAN 22 1952

BIRTH NO. ..... REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 4883 Registrar's No. 10

740
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Graham
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Graham 0740
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Merle
b. (Middle): Rea
c. (Last): Noblet

4. DATE OF DEATH (Month) (Day) (Year): 1-11-1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: 3-21-1888
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentering
11. BIRTHPLACE (State or foreign country): Graham - Mo - 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Noblet
13b. MOTHER'S MAIDEN NAME: Laura McRoberts
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elizabeth Morgan - Graham Mo.
ADDRESS:

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Valvular disease of heart — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary occlusion
subacute and chronic arthritis
DUE TO (c): 10 yrs

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: no operations
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4214

22. *I hereby certify that I attended the deceased from* Not attended *19___, to _____, 19___, that I last saw the deceased alive on* Apr 30th *19*47*, and that death occurred at* 5 a.m.*, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L E Dean Coroner MD
23b. ADDRESS: Maryville Mo.
23c. DATE SIGNED: 1-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 1-13-1952
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cem.
24d. LOCATION (City, town, or county): Graham — (State): Mo -

DATE REC'D BY LOCAL REG.: 1-19-52
REGISTRAR'S SIGNATURE: Bess Wolf 0 229
25. FUNERAL DIRECTOR'S SIGNATURE: G M Atkinson
ADDRESS: Maryville Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1952

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed G. M. Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Maryville, 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.