

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5966

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERSAILLES</u> <u>0710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>LAKE ROAD 3</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONE M.</u> b. (Middle) <u>NOLDER</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 14 1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG 19, 1895</u>
9. AGE (In years last birthday) <u>56</u>		10. MONTHS <u>5</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>ORONAGO, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>SAMUEL B DODGE</u>	
13b. MOTHER'S MAIDEN NAME <u>EUDORA MARVIN</u>		14. NAME OF HUSBAND OR WIFE <u>CLYDE NOLDER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>CLYDE NOLDER, VERSAILLES, Mo</u>		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) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral thrombosis</u> <u>4 days</u> DUE TO (c) <u>Hypertension</u> <u>2 years</u> 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 <u>332X</u>		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>2-11</u> , 19 <u>52</u> , to <u>2-14</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-14</u> , 19 <u>52</u> , and that death occurred at <u>8:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>F. E. Knuchs</u> (Degree or title) <u>D. O.</u>		23b. ADDRESS <u>Woodland Hosp. Sedalia Mo</u>	23c. DATE SIGNED <u>2-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 17 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>1YY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>MORGAN Co., Mo</u>
DATE REC'D BY LOCAL REG. <u>2/16/52</u>		25. GENERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

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

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FEB 13 1958

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 *P. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Secalia 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.