

STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1952
BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar	
c. LENGTH OF STAY (in this place) 19 yrs.		d. STREET ADDRESS (If rural, give location) 407 N. Gulf	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			
3. NAME OF DECEASED a. (First) Henry		b. (Middle) W.	
		c. (Last) Noll	
4. DATE OF DEATH May 28, 1952			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1879
9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Retired		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (State or foreign country) Grandville, Ill		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Martin Noll		13b. MOTHER'S MAIDEN NAME Kate Ellinger	
14. NAME OF HUSBAND OR WIFE Anna Noll			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Noll, Lamar, Missouri		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide. Shooting ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Self on left side of head with shot gun. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Lamar Barton MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 28 1952 8:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Self inflicted gun shot.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE W. J. ... Corner		23b. ADDRESS Lamar, Mo.	
23c. DATE SIGNED 5-29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1952	
24c. NAME OF CEMETERY OR CREMATORY Lake		24d. LOCATION (City, town, or county) (State) Lamar, Mo.	
DATE REC'D BY LOCAL REG. MAY 30 1952		REGISTRAR'S SIGNATURE Marie Konarski	
25. FUNERAL DIRECTOR'S SIGNATURE Chiles Funeral Home, Lamar, Mo.		ADDRESS	

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 Clarence W. Chile

Licensed Embalmer No. 3473

P. O. Address Lamar 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.