

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **17577**

FILED MAY 19 1952

No. 300
v. 10.48

| | | | | | | | |
|---|----------------------------------|--|--|---|------------------------|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 294 | | PRIMARY REG. DIST. NO. 3056 | | Registrar's No. 114 | |
| 1. PLACE OF DEATH a. COUNTY Randolph | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Randolph | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly Mo | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly | | d. STREET ADDRESS (If rural, give location) 102 W. Burkhardt St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 102 W. Burkhardt St. | | | | d. STREET ADDRESS (If rural, give location) 102 W. Burkhardt St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Stella | | b. (Middle) May | | c. (Last) Noah | | 4. DATE OF DEATH (Month) (Day) (Year) May 13 1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH April 5, 1894 | 9. AGE (In years last birthday) 58 | 10. MONTHS 1 | 11. DAYS 8 | 12. IF UNDER 1 YEAR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY none | | 11. BIRTHPLACE (City and State or Foreign Country) Cooper County Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Willis Wallace | | 13b. MOTHER'S MAIDEN NAME Ellen Smith | | 14. NAME OF HUSBAND OR WIFE Joe Noah | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. no | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carl Noah 102 W Burkhardt Moberly Mo | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| <p><i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis | | | | | 1 month |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis | | | | | D.K. |
| | | DUE TO (c) Diabetes Mellitus | | | | | 2 yr |
| 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 none | | | | | 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) (m.) | | 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 Jan 10, 1952 , to May 11, 1952 , that I last saw the deceased alive on May 11, 1952 , and that death occurred at 1:30 m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) W. Deyer MD | | | | 23b. ADDRESS Huntsville Mo | | 23c. DATE SIGNED 5/13/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 5-15-52 | | 24c. NAME OF CEMETERY OR CREMATORY Mt Olivet | | 24d. LOCATION (City, town, or county) (State) Marceline, Mo | |
| DATE REC'D BY LOCAL REG. 5-15-52 | | REGISTRAR'S SIGNATURE Carl Decker | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jas. McLaughlin, Marceline Mo | | | |

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

NOV 19 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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed: George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.