

STANDARD CERTIFICATE OF DEATH

19047

State File No.

FILED JUN 13 1952

BIRTH NO. 39827 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 109

003

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

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>TOWN SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LILBOURN</u>	
c. LENGTH OF STAY (In this place) <u>2h.45m.</u>		d. STREET ADDRESS (If rural, give location) <u>RT # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. DELTA COMM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>Bruce</u>		a. (First)	b. (Middle)	c. (Last) <u>NOLEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2, 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEW BORN</u>		8. DATE OF BIRTH <u>JUNE 2, 1952</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min. <u>2 45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>SIKESTON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JAS. WM. NOLEN</u>	13b. MOTHER'S MAIDEN NAME <u>INEZ MAYR HIGDEN</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>INEZ HIGDEN NOLEN</u>	ADDRESS <u>EILBOURN, MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>---</u> DUE TO (c) <u>6-6 1/2 mo. pregnancy 3 hrs.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 6-2, 1952 to 6-2, 1952 that I last saw the deceased alive on 6-2, 1952 and that death occurred at A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Urban, M.D.</u>	(Degree or title)	23b. ADDRESS <u>SiKEston Mo.</u>	23c. DATE SIGNED <u>6-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>	24d. LOCATION (City, town, or county) (State) <u>Lilbourn Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 4-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>	ADDRESS
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30
A.M.
2-52
Urban

RECEIVED 6-9-52
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 652-168

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.....
Student Embalmer

Signed *Embalmer L. Ponder*
Not Embalmed

Licensed Embalmer No. 3367

P. O. Address Tillbourn, 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.