

FILED JUL 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19584  
State File No. ....

|  |  |  |  |  |  |  |  |
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| BIRTH NO. _____  |  | REG. DIST. NO. <u>43</u>   |  | PRIMARY REG. DIST. NO. <u>2007</u>   |  | Registrar's No. <u>299</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Poplar Bluff</u>   |  | c. LENGTH OF STAY (in this place) <u>Days</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Ash Hill</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Broseley, Mo. Rtl</u>     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Doctor's Clinic</u>  |  | 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Charles</u> b. (Middle) <u>Frederick</u> c. (Last) <u>Noldge</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>June 22, 1952</u>  |  |  |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>March 8, 1873</u>                                    |  |
| 9. AGE (In years less birthday) <u>79</u>  |  | IF UNDER 1 YEAR Months _____ Days _____  |  | IF UNDER 1 HR. Hours _____ Min. _____  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>                                |  |
| 13a. FATHER'S NAME<br><u>#####</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>#####</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Sarah Bennett Noldge</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |  | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mary Wilson Broseley Mo</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cardiac Failure</u><br>DUE TO (c) <u>Coronary Embolism</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken Hip</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>332 X F</u>   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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>6-9-52</u> to <u>6-22-52</u> , that I last saw the deceased alive on <u>6-22-1952</u> , and that death occurred at <u>6:30 Pm.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>Wm. H. Johnson</u>   |  |  |  | 23b. ADDRESS <u>Poplar Bluff, Mo.</u>  |  | 23c. DATE SIGNED <u>6/27/52</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>  |  | 24b. DATE <u>June 24, 1952</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Brown's Chapel</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Broseley Mo.</u>        |  |
| DATE REC'D BY LOCAL REG. <u>6-27-1952</u>  |  | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Irby</u>   |  | ADDRESS <u>Rector, Arkansas</u>  |  |

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

RECEIVED

JUL 2 1952

TUTLER CO. HEALTH CENTER

FILE No. 752-346

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**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 *Raymond L. Smith*

Licensed Embalmer No. 746

P. O. Address *Pector, Ark.*

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.