

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37936**

FILED NOV 17 1952 REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **97**

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

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Carrollton		c. CITY (If outside corporate limits, write RURAL and give township) Carrollton 0171	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 515 W. Lincoln	
d. FULL NAME OF HOSPITAL OR INSTITUTION 420 W. Lincoln			

3. NAME OF DECEASED (Type or Print) a. (First) IRVIN	b. (Middle) N	c. (Last) NOEL	4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1952
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 1, 1893	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attendant	10b. KIND OF BUSINESS OR INDUSTRY at state school	11. BIRTHPLACE (State or foreign country) Carroll Co Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Alvin Noel	13b. MOTHER'S MAIDEN NAME Emma Calvert	14. NAME OF HUSBAND OR WIFE Franketron Noel
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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) no	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME Mrs J.N. Noel	ADDRESS Carrollton Mo
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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, ashenia, 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) apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 334X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carrollton Carroll Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) ✓	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 19, to 19, that I last saw the deceased alive on 19, and that death occurred at **5:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Ray Dickerson (Degree or title) Cornet	23b. ADDRESS Boyard Mo	23c. DATE SIGNED Nov 7-52
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 11-11-52	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem	24d. LOCATION (City, town, or county) (State) Carrollton Mo
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DATE REC'D BY LOCAL REG. 11/11/52	REGISTRAR'S SIGNATURE 45-0 Mr Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson	ADDRESS Carrollton Mo
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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 Ben W. Gibson.....

Licensed Embalmer No. 2961.....

P. O. Address Carrollton, 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.