

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39373

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 519

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline, 1581	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 217 E. Chicago, 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 217 E. Chicago,			

3. NAME OF DECEASED (Type or Print)	a. (First) Zelma	b. (Middle) E.	c. (Last) Noah	4. DATE OF DEATH (Month) (Day) (Year) Dec. 7, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 18, 1899	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months 3	11. UNDER 1 MIN. Days 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Wayne County, Ky.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Thomas Higgenbotham	13b. MOTHER'S MAIDEN NAME Nancy Louise Wallen	14. NAME OF HUSBAND OR WIFE Oley Noah, deceased
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Cady, Brookfield, Mo.	ADDRESS
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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) Carcinoma Pancreas with Metastasis		
	II. OTHER SIGNIFICANT CONDITIONS - Obstruction Common Bile duct		
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1571 X
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 Dec 5, 1952, to Dec 7, 1952, that I last saw the deceased alive on Dec 7, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Jones MD	23b. ADDRESS Marceline, Mo	23c. DATE SIGNED 12-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Rose Lawn Cemetery	24d. LOCATION (City, town, or county) (State) Marceline, Missouri
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DATE REC'D BY LOCAL REG. 12-7-52	REGISTRAR'S SIGNATURE Manfred Dukes 401-0	25. FUNERAL DIRECTOR'S SIGNATURE Larson Funeral Service, By C.A. Larson	ADDRESS Bucklin, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

581

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 _____

E. A. Larson
Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri.

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.