No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1954

State File No. 44402

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11878

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

5

1. PLACE OF DEATH
a. COUNTY ~~Missouri~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place) 5 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Masonic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2129
d. STREET ADDRESS (If rural, give location) 12 5351 Delmar 0

3. NAME OF DECEASED (Type or Print)
a. (First) Sallie
b. (Middle) Pearl
c. (Last) Nolen

4. DATE OF DEATH (Month) 12 (Day) 16 (Year) 53

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S
8. DATE OF BIRTH 5-4-1878
9. AGE (In years last birthday) 75 — If under 1 year: Months 7 Days 12 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY AT-HOME
11. BIRTHPLACE (City and State or Foreign Country) Stoutsville, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME James Riley Nolen
13b. MOTHER'S MAIDEN NAME Elizabeth Virginia Warren
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME [signature] Masonic Home of Missouri, 5351 Delmar. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 Dys.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 2 Yrs.
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
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 444X

22. *I hereby certify that I attended the deceased from* 7-13-, 1953, *to* 12-16, 1953, *that I last saw the deceased alive on* 12-15, 1953, *and that death occurred at* 5.30A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS 508 N.Grand
23c. DATE SIGNED 12-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 12-17-53
24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM.
24d. LOCATION (City, town, or county) PARIS (State) MO

DATE REC'D BY LOCAL REG. DEC 17 1953
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE JAY-B-SMITH-MAPLEWOOD ADDRESS MO

(Licensed Embalmer's Statement on Reverse Side)

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 H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.