

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7644**

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission: a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairfax Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oregon</b>	
c. LENGTH OF STAY (in this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fairfax Hoopital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Lillie</b>	b. (Middle) <b>Amanda</b>	c. (Last) <b>Noellech</b>	(Month) <b>March</b>	(Day) <b>21</b>	(Year) <b>1954</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 3 1874</b>	9. AGE (in years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days <b>0 0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Near Oregon Missouri</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>John Noellech</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Damman</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Blanche Herman</b>	ADDRESS <b>Oregon Missouri</b>
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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, atherosclerosis, 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) <b>Cerebro-Vascular Accident</b>		<b>1 week</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Occlusion</b>		<b>1 week</b>
DUE TO (c) <b>Cerebral Thrombosis</b>		<b>1 week</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac Decompensation</b>		<b>1 year</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 July 1, 1952, to March 20, 1954, that I last saw the deceased alive on March 20, 1954, and that death occurred at 3:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Isaac Frank Swenberg M.D.</b>	23b. ADDRESS <b>Oregon, Missouri</b>	23c. DATE SIGNED <b>3-21-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 23 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oregon</b>	24d. LOCATION (City, town, or county) (State) <b>Oregon Missouri</b>
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DATE REC'D BY LOCAL REG <b>Mar 26, 1954</b>	REGISTRAR'S SIGNATURE <b>Marvin H. Schaefer 443-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Pettigrew</b>	ADDRESS <b>Oregon Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 James H. Pittijohn  
Licensed Embalmer No. 3192  
P. O. Address Oregon 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.