

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22629

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

BIRTH NO.		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 108	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, give RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Washington</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 West 3rd</u>				e. STREET ADDRESS (If rural, give location) <u>502 West 3rd 03620</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>FRANK</u>		c. (Last) <u>NOELKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 9 1954</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-17-1881</u>	
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>4</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Washington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Richard Jewell Property &amp; Insurance Broker</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Henry Doelke</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sellinger</u>	
13c. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Old Noelke</u>		17. INFORMANT'S ADDRESS <u>Washington, Mo.</u>		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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardio-vascular disease.</u>				DUE TO (c) <u>Arteriosclerotic heart disease &amp; acute mitral stenosis.</u>		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 <u>None</u>		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)		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>July 9, 1954</u> , to <u>July 9, 1954</u> , that I last saw the deceased alive on <u>June 11, 1954</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>O. J. Mansfield, M.D.</u>		23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>July 9, 1954</u>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>7-12-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Burial Center</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>	
25. DATE REC'D BY LOCAL REG. <u>7/10/54</u>		25. REGISTRAR'S SIGNATURE <u>W. C. ...</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>...</u>		25. ADDRESS <u>...</u>	

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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.....  
Signature of Student Embalmer

Signed..... *W. H. Willenbreck*

Licensed Embalmer No. *450*

P. O. Address *Washington*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.