

STANDARD CERTIFICATE OF DEATH

32066

FILED SEP 21 1954

State File No. \_\_\_\_\_  
Registrar's No. **8212**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>8212</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis mo</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>Cape Girardeau</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Termini DeLoage Hosp</b>				e. STREET ADDRESS (If rural, give location) <b>419 Belleville St</b>		2167			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Wilson</b> b. (Middle) <b>Guy</b> c. (Last) <b>Noble</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-29-54</b>						
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>4-18-91</b>		9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State Conservation</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Western mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Noble</b>			13b. MOTHER'S MAIDEN NAME <b>Julia Peljohn</b>			14. NAME OF HUSBAND OR WIFE <b>Gertrude Noble</b>			
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>526-184986</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Gertrude B Noble</b>			ADDRESS <b>Cape Girardeau</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CANCER RIGHT LUNG</b> ANTECEDENT CAUSES <b>POST OPERATIVE TOTAL PNEUMONECTOMY, RIGHT</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PNEUMONECTOMY, RIGHT</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION <b>AUG 27, 1954</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF RIGHT LUNG - TOTAL PNEUMONECTOMY</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____		163x			
22. I hereby certify that I attended the deceased from <b>AUG 19, 1954</b> , to <b>AUG 29, 1954</b> , that I last saw the deceased alive on <b>AUG 29, 1954</b> , and that death occurred at <b>2:00</b> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <b>William J. DeLoage</b> (Degree or title) _____				23b. ADDRESS <b>Termini DeLoage Hospital, St. Louis, Mo.</b>		23c. DATE SIGNED <b>Aug 29, 1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-30-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau mo</b>			
DATE REC'D BY LOCAL REG. <b>SEP 7 1954</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>			25. FUNERAL HOME OR MONUMENTARY SERVICE <b>Howland</b> ADDRESS <b>4104 Manchester Ave.</b>				

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

DEC 10 1951  
APR 12 1952

**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. F. Morris*.....

Licensed Embalmer No. *356*

P. O. Address *St. Louis*.....

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.