

No. 300  
10-48

FILED NOV 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38107

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>		c. CITY OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>Life time</u>		d. Is 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>Kidwell rest Home</u>		STREET ADDRESS (If rural, give location) <u>0710</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Noyes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 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>Oct. 9, 1866</u>		9. AGE (In years) (Last birthday) <u>88</u>		10. IF UNDER 1 YEAR (Months) (Days) <u>0 27</u>	
11. IF UNDER 24 HRS. (Hours) (Min.) <u>27</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>Osage Co., Mo.</u>	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		15. KIND OF BUSINESS OR INDUSTRY		16. NAME OF HUSBAND OR WIFE <u>Ruby Noyes</u>	

17. FATHER'S NAME <u>M. S. Noyes</u>		18. MOTHER'S MAIDEN NAME <u>Elizabeth Triggison</u>		19. NAME OF HUSBAND OR WIFE <u>Ruby Noyes</u>	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		21. SOCIAL SECURITY NO. <u>None</u>		22. INFORMANT'S SIGNATURE OR NAME <u>Henry Noyes</u> ADDRESS <u>Monemo, Iowa</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>		<u>30 yrs</u>	
		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 <u>4200</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</u> , 19 <u>49</u> , to <u>Nov 6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>54</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Ruth Kaufman, M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>Nov 8, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8 Nov. 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Versailles, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>11-12-54</u>		REGISTRAR'S SIGNATURE <u>J. L. Heston</u> 214-		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. F. Hedrick</u> ADDRESS <u>Versailles, Mo.</u>	
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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.....  
Signature of Student Embalmer

Signed *Raymond C. Forber*  
Licensed Embalmer No. *462*

P. O. Address *Versailles*

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.