

FILED MAY 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12719**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5819** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY <b>MORGAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>MORGAN</b>	
b. CITY OR TOWN <b>RURAL - OSAGE</b>		c. CITY OR TOWN <b>RURAL - OSAGE</b>	
c. LENGTH OF STAY (in this place) <b>4 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>6 mi. So. BARNETT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6 mi. So. BARNETT</b>			

3. NAME OF DECEASED a. (First) <b>Thomas</b>		b. (Middle) <b>HENRY</b>		c. (Last) <b>NOSER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY - 2 1955</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>6 APRIL - 1906</b>	
9. AGE (In years last birthday) <b>49</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired SALESMAN - Lumber</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis - Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Thomas Joseph - NOSER</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha - Egley</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha - NOSER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Bertha - NOSER</b> ADDRESS <b>BARNETT Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>12 years</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of the Liver</b>					
		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____	
		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 <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NONE</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>NONE</b>			

22. I hereby certify that I attended the deceased from **Sept 1957**, to **May 2, 1955**, that I last saw the deceased alive on **May 1, 1955**, and that death occurred at **2:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl J. Buehler, M.D.</b>		23b. ADDRESS <b>Eldon, Mo</b>		23c. DATE SIGNED <b>May 2, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5 APRIL - 55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OZINES</b>	
		24d. LOCATION (City, town, or county) <b>ST. LOUIS</b>		(State) <b>Mo</b>	

DATE REC'D BY LOCAL REG. <b>5-2-55</b>		REGISTRAR'S SIGNATURE <b>L. H. Noser</b> <b>214-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Keith Mays</b> ADDRESS <b>ELDON Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Dr. Washburn

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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 *Scott M. Keys* \_\_\_\_\_

Licensed Embalmer No. *3998* \_\_\_\_\_

P. O. Address *Eldon 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.