FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22498

FILED AUG 5 - 1955

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 284

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium and Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital ~~or institution~~ 6 days (Specify whether

In this community: Approximately 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

(c) City or town: Independence (If outside city or town limits, write "RURAL")

(d) Street No.: 2006 S. Osage (If rural, give location) 70125

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: —

3. (a) PRINT FULL NAME: Don Arthur Nolin

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: M

5. Color or race: W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: Widowed

6. (b) Name of husband or wife: ____

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: March (Month) 1 (Day) 1870 (Year)

8. AGE: Years 85 Months 4 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace: Rockville (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business: —

MOTHER FATHER

12. Name: Marcus A. Nolin

13. Birthplace: unknown (City, town, or county) (State or foreign country)

14. Maiden name: Goodwin

15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Harry Nolin

(b) Address: 4926 Oakland, Kans. City, Kans.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-31-1955 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~: Rockville Mo.

18. (a) Signature of funeral director: Melvin L. Jameson

(b) Address: Appleton City

19. (a) 7-29-55 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1955 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from July 23, 1955 to July 29, 1955 that I last saw him alive on July 29, 1955 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage with left hemiplegia	6 days
Due to: arteriosclerotic & hypertensive cardiovascular disease	4 years
Due to: 443X	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Vance E. Link, M.D. (M.D. or other)

Address: 129 W. Lex., Indep., Mo. Date signed: 7/29/55

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

354-0

AUG 8 1955

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Melvin L. Jansons

Licensed Embalmer No. 4589

P. O. Address. Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.