

FILED DEC 13 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

37843

State File No.

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>2056</u>		Registrar's No. <u>282</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>RANDOLPH</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>MOBERLY</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>		c. CITY OR TOWN <u>PARIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
STREET ADDRESS (If rural, give location) <u>W. LOCUST ST.</u>		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) <u>CHARLES</u>		b. (Middle) <u>ROY</u>		c. (Last) <u>NOEL</u>		(Month) (Day) (Year) <u>NOV. 23, 1955</u>	
(Type or Print)		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 29, 1878</u>	
9. AGE (In years last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>RETAIL AUTO DEALER FORD AGENCY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FORD AGENCY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE CO., MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOEL HAYES NOEL</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA NELSON</u>		14. NAME OF HUSBAND OR WIFE <u>SAIDA R. NOEL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. C. ROY NOEL, PARIS, MO.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary disease</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>cause unknown</u>					
		(Microscopic examination of lung tissue being made.)					
		DUE TO (c) <u>arteriosclerotic heart disease + rheumatoid arthritis</u>				10 years	
		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				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) (m.)		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>Nov. 10, 1955</u> to <u>Nov. 23, 1955</u> , that I last saw the deceased alive on <u>Nov 22, 1955</u> , and that death occurred at <u>140 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clarence Cochran M.D.</u>				23b. ADDRESS <u>MOBERLY, MO.</u>		23c. DATE SIGNED <u>11-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>NOV. 25, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-25-55</u>		REGISTRAR'S SIGNATURE <u>Leah Loue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed & Blakey</u>		ADDRESS <u>PARIS, MISSOURI</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 29 1962

VS APR 11 1961

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

E. H. Hognius

Licensed Embalmer No. 40

P. O. Address ... PARIS, MISSO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, 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.