

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 27 1956

BIRTH NO.		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KINGSVILLE</u>		c. LENGTH OF STAY (in this place) <u>6 MO</u>		c. CITY OR TOWN <u>KINGSVILLE</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>KINGSVILLE MO</u>				e. STREET ADDRESS (If rural, give location) <u>KINGSVILLE MO 0.510</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RATLIFF</u> b. (Middle) <u>RADWAY</u> c. (Last) <u>BOONE NOLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 9 1956</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 4 1877</u>		9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>5</u> Days	IF UNDER 24 HRS. Hours <u></u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AGENCY MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW WM NOLAND</u>			13b. MOTHER'S MAIDEN NAME <u>FRANCES COPELAND</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE B NOLAND</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>VVVV NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MAGGIE BYOLAND</u> ADDRESS <u>KINGSVILLE MO</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>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Chronic nephritis</u> 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		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)	
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>Sept 11</u> , 19 <u>55</u> , to <u>Feb 9</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Feb 9</u> , 19 <u>56</u> and that death occurred at <u>2:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James H. Halden M.D.</u> (Degree or title)				23b. ADDRESS <u>Halden Mo</u>		23c. DATE SIGNED <u>2/11/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-13-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASSONIC CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>DEARBORN MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>2-16-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. G. V. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles F. Halden</u> ADDRESS <u>Halden Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECORDED
FEB 18 1939
JOHNSON COUNTY HEALTH DEPT.

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 *M. J. C...*.....

Licensed Embalmer No. *3439*

P. O. Address *Heldens*

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.