

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5940

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY OR TOWN Moberly		c. CITY OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitaker Hospital		e. STREET ADDRESS (If rural, give location) 512 No Morley	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) R c. (Last) Noel	4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 - 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb 28 - 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 11 Days 6	IF UNDER 24 HRS. Hours 6 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Prop.	10b. KIND OF BUSINESS OR INDUSTRY Feed + Produce	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Thomas Noel	13b. MOTHER'S MAIDEN NAME ? Noel	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME H.P. Noel, Paris, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Nov. 6, 1955** to **Feb. 4, 1956**, that I last saw the deceased alive on **Feb. 3, 1956**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. T. Whitaker, M.D.	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED 2-5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-1956	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo
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DATE REC'D BY LOCAL REG. 2-5-56	REGISTRAR'S SIGNATURE E. T. Whitaker	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son	ADDRESS Moberly, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Frank D. G. Witt*.....

Licensed Embalmer No. *302*.....

P. O. Address *Mobaly*.....

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