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FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14280

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Waynesville</b> )	c. LENGTH OF STAY (in this place) township) <b>1 week</b>	c. CITY OR TOWN <b>Vichy</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Waynesville General Hospital</b>		STREET ADDRESS (If rural, give location) <b>Junction Highways 63 &amp; 28</b> <i>0620</i>	

3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) <b>HARRISON</b> c. (Last) <b>NOE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1956</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>Feb. 6, 1891</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Liquor Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Allentown, Missouri</b>	
13a. FATHER'S NAME <b>Marion Noe</b>		13b. MOTHER'S MAIDEN NAME <b>Lillie Bay</b>		14. NAME OF HUSBAND OR WIFE <b>Mercedes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-38-0698</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mercedes Noe Vichy, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <b>Hypertensive Heart Disease</b>			
		DUE TO (c) <b>Arteriosclerosis</b>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					
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) <b>443x</b>	
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 4-20, 19 55 to 4-30, 19 56, that I last saw the deceased alive on 4-30, 19 56, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. E. ...</i>		23b. ADDRESS <b>Waynesville Mo.</b>		23c. DATE SIGNED <b>5-2-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>April 30, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Macedonia Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Phelps County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Null &amp; Sons Funeral Home</b>		ADDRESS <b>Rolla, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>5-5-56</b>		REGISTRAR'S SIGNATURE <i>Clara ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Null &amp; Sons Funeral Home</b>	
				ADDRESS <b>Rolla, Mo.</b>	

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

Date Filed 5-5-56

Number 5-5-56

County Health Officer

5-5-56

NON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... Paul E. Yu

Licensed Embalmer No. 44

P. O. Address Rolla,

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