

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21039**

FILED JUL 2 1956

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville	
c. LENGTH OF STAY (in this place) 8 DAs.		d. STREET ADDRESS (If rural, give location) 516 W 29th St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lexington Memorial Hospt.			

3. NAME OF DECEASED (Type or Print)	a. (First) Ida	b. (Middle) Lenora	c. (Last) Noel	4. DATE OF DEATH (Month) (Day) (Year) June 23, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 7, 1884	9. AGE (In years last birthday) 72	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 24 Hrs. Hours	if UNDER 1 Mts. Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Benton Co, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Yount	13b. MOTHER'S MAIDEN NAME Levicia Ann Swerngin	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Mae Whitsitt, Odessa, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 wks known 6 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension 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 checked="" 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) m.	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 11-23, 1954, to 6-23, 1956, that I last saw the deceased alive on 6-23, 1956, and that death occurred at 10⁰⁰ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hilton E. Fulmerson M.D.	23b. ADDRESS Higginsville Mo	23c. DATE SIGNED 6-27-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 25, 1956	24c. NAME OF CEMETERY OR CREMATORY Higginsville Cem.	24d. LOCATION (City, town, or county) (State) Higginsville, Mo.
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DATE REC'D BY LOCAL REG. 6-29-56	REGISTRAR'S SIGNATURE William E. ...	25. FUNERAL DIRECTOR'S SIGNATURE Herman Sparks	ADDRESS Odessa, Mo.
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(Licensed Embalmer's Statement on Reverse Side) **James L. Newman**

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

56

8881 41 707

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
Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa, W

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