

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH 5536 State File No. 26708

BIRTH NO.		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5536		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oregon Rural Lewis		c. LENGTH OF STAY (in this place) 54		c. CITY OR TOWN Oregon Rural		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 ON ROAD EAST of Oregon				e. STREET ADDRESS (If rural, give location) Forbes Township 0490			
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Clay c. (Last) Noble			4. DATE OF DEATH (Month) (Day) (Year) August 20, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 1-1-1878	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming		11. BIRTHPLACE (City and State or Foreign Country) 0 Andrew County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Clay Noble		13b. MOTHER'S MAIDEN NAME Elizabeth Schaeffer		14. NAME OF HUSBAND OR WIFE Susie Simmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 491-42-1823		17. INFORMANT'S SIGNATURE OR NAME Leo Noble ADDRESS Oregon, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerotic Heart Disease  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Few minutes Few minutes unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H 200				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) 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 July 1, 1956, to August 20, 1956, that I last saw the deceased alive on August 15, 1956, and that death occurred at 1:45 P. M., from the causes and on the date stated above.							
23a. SIGNATURE Isaac J. Swenson (Degree or title) M.D.				23b. ADDRESS Oregon, Missouri		23c. DATE SIGNED 8-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-22-56		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Holt County, Missouri	
DATE REC'D BY LOCAL REG. 8-22-56		REGISTRAR'S SIGNATURE James H. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE James H. Pettijohn		ADDRESS Oregon, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

469-0

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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 *James H. Pittijohn*  
Licensed Embalmer No. *3192*  
P. O. Address *Oregon 9*

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.