

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34912

State File No.

FILED OCT 23 1956

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5888 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>								
b. CITY OR TOWN <u>Big Creek Township</u>		c. LENGTH OF STAY (in this place) <u>3yr.</u>		c. CITY OR TOWN <u>Ozark</u>		d. In 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				e. STREET ADDRESS (If rural, give location) <u>Big Creek Township 0710</u>								
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Thomas</u>		b. (Middle) <u>Shelley</u>		c. (Last) <u>Noland Sr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 14 56</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>12-7-1895</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resent Owner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Independence Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Oscar L. Noland</u>				13b. MOTHER'S MAIDEN NAME <u>Julia Cairns</u>				14. NAME OF HUSBAND OR WIFE <u>Fern Halleran Noland</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes U.S. I</u>				16. SOCIAL SECURITY NO. <u>490-09-3534</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thomas Noland Sr.</u>				ADDRESS <u>Ozark Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH		
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) <u>Coronary Thrombosis</u>								<u>2 days</u>		
ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Atherosclerosis</u>								<u>Chronic</u>		
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"/>		
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) <u>4201</u>				(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>10-12</u> , 19 <u>56</u> , to <u>10-14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10-14</u> , 19 <u>56</u> , and that death occurred at <u>5:00 P. m.</u> , from the causes and on the date stated above.												
23a. SIGNATURE <u>J. H. Hickman</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>Independence Mo.</u>				23c. DATE SIGNED <u>10-15-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (burial)</u>		24b. DATE <u>10-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wood Lawn</u>				24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10-20-56</u>		REGISTRAR'S SIGNATURE <u>Theresa Mahan</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint Beard</u> ADDRESS <u>Seminole Mo.</u>						

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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 *John P. Errey*.....

Licensed Embalmer No. *4850*

P. O. Address *Camilla*.....

**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.**