S. No. 300
. 10.48

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

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37374
State File No.

BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5292 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN Trimble Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clay
c. CITY OR TOWN Trimble Rural
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Lady

3. NAME OF DECEASED (Type or Print)
a. (First) Samuel
b. (Middle) Morrison
c. (Last) Noland

4. DATE OF DEATH (Month) Nov (Day) 21 (Year) 56

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 6 1874
9. AGE (In years last birthday) 82
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Jackson Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DeKalb Noland
13b. MOTHER'S MAIDEN NAME Susan Richard
14. NAME OF HUSBAND OR WIFE Sidney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME H. M. Noland
ADDRESS Linneus 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

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: Duodenal Ulcer — 30 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940, 19__, *to* Nov 21, 1956 *that I last saw the deceased alive on* Aug 1, 1956, *and that death occurred at* 6 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE W. A. Spaulding (Degree or title) MD
23b. ADDRESS Plattsburg Mo
23c. DATE SIGNED Nov 21 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov 25 1956
24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill
24d. LOCATION (City, town, or county) East of Trimble
(State) Mo.

DATE REC'D BY LOCAL REG. 11-25-56
REGISTRAR'S SIGNATURE Marguerite Sudgens
25. FUNERAL DIRECTOR'S SIGNATURE Leonard Leg Kearney Dr
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

185
0

RECEIVED
DEC 3 1956
CLAY CO.
HEALTH CENTER

DEC 30 1956

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. N. Nise

Licensed Embalmer No. 7574

P. O. Address Smithville M

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