

STANDARD CERTIFICATE OF DEATH

State File No. 44647

FILED JAN 17 1957

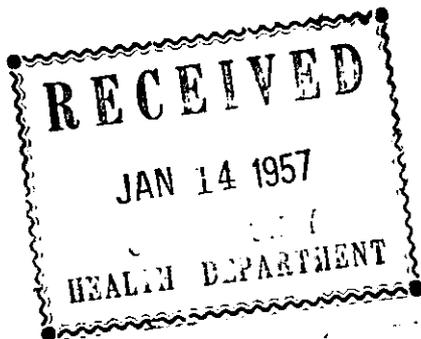
BIRTH NO. _____

REG. DIST. NO. 59PRIMARY REG. DIST. NO. 5222Registrar's No. 174

1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural EVERETT TWP.		c. LENGTH OF STAY (in this place) 2 yrs.	c. CITY OR TOWN Chilhowee		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Noland			4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 10, 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (City and State or Foreign Country) / Madison Co., Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Levi Noland		13b. MOTHER'S MAIDEN NAME Julia Williams		14. NAME OF HUSBAND OR WIFE Harriet Velman Noland	
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. x	17. INFORMANT'S SIGNATURE OR NAME Forrest Smith, Archie, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA 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. ACUTE THROMBOSIS of VEIN		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 491x		INTERVAL BETWEEN ONSET AND DEATH 6 DAYS
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)		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 January 19, 56 , to Dec 22, 56 , that I last saw the deceased alive on Dec. 22, 56 , and that death occurred at 7:35P.m. , from the causes and on the date stated above.					
23a. SIGNATURE M. S. Moody			23b. ADDRESS HARRISONVILLE Mo.		23c. DATE SIGNED 12-26-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/26/56	24c. NAME OF CEMETERY OR CREMATORY Carpenter	24d. LOCATION (City, town, or county) (State) Chilhowee, Mo.		
DATE REC'D BY LOCAL REG. 1/29/56		REGISTRAR'S SIGNATURE Pauline Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Cook Funeral Home, Chilhowee, Mo.	

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

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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.....

J. W. Cook

Licensed Embalmer No. *4335*

P. O. Address *Chilhoway*

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.