

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1957

4211

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Clarkton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. (FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boarding Home</b>		Length of stay in 1b <b>6 weeks</b>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ALVA</b> Middle <b>E.</b> Last <b>NOISWORTHY</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>18</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 16 1889</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>2</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroad company</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Clarkton Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Frank Noisworthy</b>			14. MOTHER'S MAIDEN NAME <b>Pauline Rice</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>308<sup>addrs</sup> N. Heggie Charleston, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <b>331x</b>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in 'Part I' or 'Part II' of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		STATE
21. I attended the deceased from <b>2-15-57</b> to <b>2-18-57</b> and last saw <del>her</del> <sup>him</sup> alive on <b>2-17-57</b> . Death occurred at <b>11:15a. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>H. G. Dancy M.D.</b>			22b. ADDRESS <b>Kennett Mo</b>		22c. DATE SIGNED <b>2-21-57</b>
23a. BURIAL, CREMATION, RENEWAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 20 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Gilead Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Clarkton Missouri</b>
24. FUNERAL DIRECTOR <b>Landess Funeral Home Campbell, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-21-57</b>	26. REGISTRAR'S SIGNATURE <b>Earl H. Hubbard</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this certificate. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

RECEIVED DUNKLIN COUNTY

DEPARTMENT 2-25

COUNTY FILE NUMBER 22

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Christina M. Landess*

Licensed Embalmer No. 42

P. O. Address *Campbell*

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