

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5754

State File No. ....

FILED MAR 4 1957

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5932</u>		Registrar's No. <u>147</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>					
b. CITY OR TOWN <u>LaMonte</u>		c. LENGTH OF STAY (in this place) <u>19 yrs</u>		c. CITY OR TOWN <u>LaMonte</u>		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 _____				STREET ADDRESS (If rural, give location) <u>R.F.D. # 2</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jasper</u>			b. (Middle) <u>Edwin</u>		c. (Last) <u>Noland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 1 1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>11-22-1883</u>		9. AGE (in years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gayhound Bus Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Portland Oregon</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jasper Noland</u>			13b. MOTHER'S MAIDEN NAME <u>Rufina Fry</u>			14. NAME OF HUSBAND OR WIFE <u>Hazel Rowles Noland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>486-03-1977</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hazel R. Noland</u>				ADDRESS <u>LaMonte Mo.</u>	
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) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>33IX</u> <u>① Bronchial Pneumonia 5 days</u> <u>Myocardial</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u>	
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>LaMonte</u>		(COUNTY) <u>Pettis</u>		(STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan 21, 1957</u> , to <u>Mar 1, 1957</u> , that I last saw the deceased alive on <u>Jan 1, 1957</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>H. W. Grady M.D.</u>				23b. ADDRESS <u>Frank Foster Mo</u>			23c. DATE SIGNED <u>Mar 2-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-3-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaMonte Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaMonte Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-2-57</u>		REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Moore LaMonte Mo</u>				

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

1570

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 *Paul M. Moore* .....

Licensed Embalmer No. *393*

P. O. Address *La Monte* .....

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.