No. 300
10.48

FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24342

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Franklin Twns.
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1, Franklin, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howard
c. CITY OR TOWN: Franklin Twns.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Wilbur Hein Farm Rt.1 Frankli

3. NAME OF DECEASED (Type or Print)
a. (First): Dennis
b. (Middle): Roy
c. (Last): Noland

4. DATE OF DEATH (Month) (Day) (Year): July 17 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 27, 194
9. AGE (In years last birthday): 16 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Plymouth, Mich.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles W. Noland
13b. MOTHER'S MAIDEN NAME: Emma Treva Miller
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Charles W. Noland
ADDRESS: Rt.1 Rocheport

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): Crushed Thoracic Cage — 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. 9121

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 3
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.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): New Franklin Howard Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Tractor accident

22. *I hereby certify that I attended the deceased from* 7-17, 1957, *to* 7-17, 1957, *that I last saw the deceased alive on* 7-17, 1957, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: Fayette Mo
23c. DATE SIGNED: 7-26-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 20, 57
24c. NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cem.
24d. LOCATION (City, town, or county) (State): New Franklin, Mo.

DATE REC'D BY LOCAL REG.: 7-26-57
REGISTRAR'S SIGNATURE: Mary K. Shell
25. FUNERAL DIRECTOR'S SIGNATURE: Markland-Hall F.H.
ADDRESS: New Franklin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

360

AUG 21 1957

AUG 27 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom D. Marbland

Licensed Embalmer No. 459

P. O. Address New Frank

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