

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006198

State File No.

FILED MAR 11 1958

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>HIGH RIDGE</u>	c. LENGTH OF STAY (in this place) <u>1 yr.</u>	c. CITY OR TOWN <u>HOUSE SPRINGS</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 <u>MERAMEC TOWNSHIP</u>		e. STREET ADDRESS (If rural, give location) <u>R.R.#1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>Nollman</u> c. (Last) <u>Nollman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-18-58</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 28 - 1874</u>		9. AGE (In years last birthday) <u>83</u> 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) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>House Springs Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>August Nollman</u>		13b. MOTHER'S MAIDEN NAME <u>Charlote Sebulte</u>		14. NAME OF HUSBAND OR WIFE <u>Wilhelmina Nollman</u>	
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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>490-28-9788</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adole Sebulze House Springs Mo</u>			
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Grade IV decompensation</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)	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 4/23/1953, to 2-18, 1958, that I last saw the deceased alive on 2-15-, 1958, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Tichenor M.D. P.S. Box 6 Lappin, Mo</u>		23b. ADDRESS <u>2/20/58</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 21-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST MARTINS Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>HIGH RIDGE - Mo.</u>	
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DATE REC'D BY LOCAL HEALTH OFFICER <u>2-20-58</u>	REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Premium Funeral Home - Home Springs Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 4 1958

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 *Clarena M. Bills*

Licensed Embalmer No. *4395*

P. O. Address *St. Louis - Mo.*

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.