Health, Welfare Public Service

300 -57 2

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008614
STATE FILE NUMBER

FILED MAR 31 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY: Callaway	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Fulton, Missouri — Inside Limits: Yes ☑ No ☐	c. CITY OR TOWN: Pershing 0370 0 — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital #1 — Length of stay in lb: 22 days	d. STREET ADDRESS (If outside, give location): Route 1 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First: Henry Middle: Last: Noltensmeyer			4. DATE OF DEATH Month: March Day: 24 Year: 1959
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 6/7/1886
9. AGE (In years last birthday): 73	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): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (City and state or country): Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Martin Noltensmeyer	13b. MOTHER'S MAIDEN NAME: Charlotte Siegler	14. NAME OF HUSBAND OR WIFE: Christina Noltensmeyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unkn	16. SOCIAL SECURITY NO.: Unkn.	17. INFORMANT Address: State Hospital No. 1, Fulton, Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized arteriosclerosis

DUE TO (c): 334X

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 2, 1959, to 3/24/59 and last saw her/him alive on 3/24/59

State Hospital

Death occurred at 6:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. K. Altenbusch M.D 0	22b. ADDRESS: State Hospital No. 1, Fulton, Mo.	22c. DATE SIGNED: 3/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 3/24/59	23c. NAME OF CEMETERY OR CREMATORY: Salem Presbyterian
23d. LOCATION (City, town, or county): Osage County (State): Mo		
24. FUNERAL DIRECTOR: Clyde Morton ADDRESS: Linn Mo	25. DATE RECD. BY LOCAL REG.: March 24-1959	26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. Do not use symptoms, mode of dying, or terms of uncertainty. All diseases in Part I must be causally related.

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lima, 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.