

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010234

STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 234 Primary Registration District No. 5815 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAWCREEK Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>HAWCREEK Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 MILES NE STOVER LIFE</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>8 MILES NE STOVER</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HERMAN J. NOLTING</u>			4. DATE OF DEATH Month Day Year <u>MARCH 10 1959</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 8 1887</u>		9. AGE (In years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and State or country) <u>MORGAN COUNTY MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>HENRY NOLTING</u>		13b. MOTHER'S MAIDEN NAME <u>KATHRYN MUELLER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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>NONE</u>		17. INFORMANT Address <u>MRS. PERRY CONKEY STOVER MO.</u>	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Edema (Pulmonary)</u>					INTERVAL BETWEEN ONSET AND DEATH <u>0 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardio-Renal Syndrome</u>					<u>unknown</u>
DUE TO (c)					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) <u>442X</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
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 COUNTY STATE	
21. I attended the deceased from <u>Feb 28, 1959</u> to <u>Mar 10, 1959</u> Death occurred at <u>4:10 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			with last saw him alive on <u>Mar 10, 1959</u>		
22a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>			22b. ADDRESS <u>Versailles, Mo</u>		22c. DATE SIGNED <u>3/12/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MARCH 13 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>STOVER CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>STOVER MO.</u>
24. FUNERAL DIRECTOR <u>J. H. Stevinson</u>		ADDRESS <u>Stover Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3/17/59</u>	26. REGISTRAR'S SIGNATURE <u>Wm L. Ruppel</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *J. H. Steverson*

Licensed Embalmer No. *4073*
P. O. Address *Stover 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.