

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 13 1960

-60-029591

STATE FILE NUMBER

DED

Registration District No. 27 Primary Registration District No. 4034 Registrar's No. 107

11-4-00

NO 101010

YES - WORLD WAR I

DOCUMENT discharge papers
MEDICAL CERTIFICATION
BY AFFIDAVIT OF informant

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hume</u>		Length of stay in 1b <u>14 years</u>		c. CITY OR TOWN <u>Hume</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Home</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Martin</u> Last <u>Nold</u>				4. DATE OF DEATH Month <u>August</u> Day <u>25</u> , Year <u>1960</u>															
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/13/1900</u>		9. AGE (last birthday) <u>60</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station Agent</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City RR</u>		11. BIRTHPLACE (City and state or country) <u>Pilot Grove, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>											
13a. FATHER'S NAME <u>John B. Nold</u>				13b. MOTHER'S MAIDEN NAME <u>Bader Margaret-Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Effie Jane Nold</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no - yes</u>				16. SOCIAL SECURITY NO. <u>one - World War I</u>		17. INFORMANT Address <u>Effie J. Nold Hume, Mo.</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH									
IMMEDIATE CAUSE (a) <u>Cancer of Pancreas</u>										?									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.																			
DUE TO (b) _____																			
DUE TO (c) _____																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
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> </u>															
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> , Day <u> </u> , Year <u> </u> a.m. <u> </u> p.m. <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u>		STATE <u> </u>	
21. I attended the deceased from <u>June 12 1960</u> to <u>August 25 1960</u> and last saw him alive on <u>Aug 25 1960</u> . Death occurred at <u>430 p.m.</u> on the date stated above, and to the best of my knowledge from the causes stated.																			
22a. SIGNATURE <u>Randall K. Noy</u> (Degree or title)						22b. ADDRESS <u> </u>			22c. DATE SIGNED <u>Aug 28 1960</u>										
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u> </u>		23b. DATE <u>Aug 28, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hume City Cemetery</u>				23d. LOCATION (City, town, or county) <u>Hume Mo.</u>											
24. FUNERAL DIRECTOR <u>Rogers Funeral Home</u> ADDRESS <u>Hume, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Sept. 1 - 1960</u>				26. REGISTRAR'S SIGNATURE <u>Randall K. Noy</u>											

MS Nov 4 1960

OCT 9 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard L. Rogers

Licensed Embalmer No. 495

P. O. Address Home

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