

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023558  
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1784

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		Length of stay in 1b <b>11 days</b>	c. CITY OR TOWN <b>IMPERIAL</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>RFD 2, Box 443</b>
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>D.</b> Last <b>NOAKES</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>24</b> Year <b>1961</b>	

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/4/87</b>	9. AGE (last birthday) <b>73 Years</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ROLLA, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>AMOS NOAKES</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH HOWARD</b>		14. NAME OF HUSBAND OR WIFE <b>EVA NOAKES</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>YES</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>WW-1</b>		16. SOCIAL SECURITY NO. <b>EVA NOAKES (WIFE)</b>		Address <b>RFD #2, BOX 443, IMPERIAL, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ADENOCARCINOMA OF PANCREAS, TAIL, METASTATIC</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INDETERMINATE</b>
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) <b>PULMONARY EMPHYSEMA</b>		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 checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			

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.) <b>VA</b>	20f. CITY, TOWN, OR LOCATION <b>6-13-61</b>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to <b>6-24-61</b> and last saw him alive on _____		Death occurred at <b>1:40</b> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <i>Fred Ionata M.D.</i> (Degree or title) <b>DR. FRED IONATA M.D.</b>		22b. ADDRESS <b>VET. ADM. HOSP., JEFF. BRKS., MO.</b>		22c. DATE SIGNED <b>6-25-61</b>
23a. PERMANENT CREMATION, NOVAL (Specify)	23b. DATE <b>JUNE 27 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ANTONIA CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ANTONIA MO</b>	

24. FUNERAL DIRECTOR <b>HEILIGTAG FUNERAL HOME ANTONIA MO</b>		25. DATE RECD. BY LOCAL REG. <b>6-26-61</b>	26. REGISTRAR'S SIGNATURE <i>Jahn P. Murphy</i>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

**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 Elmer H. Abgtag  
Licensed Embalmer No. 3571

P. O. Address Superior

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.