

FILED OCT 20 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. 32973

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>248</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>4</u> <u>2</u> Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Patton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunset Hill</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PRESTON</u>			b. (Middle) <u>NOLAND</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 26, 1888</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Mins.	
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		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Noland</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Aslin Noland</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'S SIGNATURE OR NAME ADDRESS <u>Chester Noland, Columbia, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> <u>10 year</u> <u>1/201</u> <u>5 year</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.		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 <u>Oct 10, 1949</u> , to <u>Oct 11, 1949</u> , that I last saw the deceased alive on <u>Oct 10, 1949</u> , and that death occurred at <u>7:30 A. m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>James W. Allee M.D.</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>10-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McClains Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Near Cape Girardeau, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 11 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9
District File Number
OCT 19 1949

OCT 21 1949

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.

Signed _____
Student Embalmer

Signed Tom M. Harg
Licensed Embalmer No. 4067
P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.