

FILED JUL 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23824**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3009** Registrar's No. **358**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson, in city		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 3 Mos		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deal Nursing Home		STREET ADDRESS (If rural, give location) 722 So. Sprigg Street ^{e 16/0}	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) Noland			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 8, 1863	9. AGE (In years last birthday) 94	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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and State or Foreign Country) Oriole, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. John Noland		13b. MOTHER'S MAIDEN NAME Peremila Garner		14. NAME OF HUSBAND OR WIFE Nancy J. Noland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Zola Clifton-Cape Girardeau, Mo. ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis.		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X		20. AUTOPSY? 2 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Mar.**, 19**57**, to **7-16**, 19**57**, that I last saw the deceased alive on **7-14**, 19**57**, and that death occurred at **6:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C.F. McDonald, M.D. (Degree or title)		23b. ADDRESS Jackson, Mo.		23c. DATE SIGNED 7-16-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-18-57		24c. NAME OF CEMETERY OR CREMATORY McLains Cemetery		24d. LOCATION (City, town, or county) (State) Oriole, Mo.	
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DATE REC'D BY LOCAL REG. 7-22-57		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE A. J. Haman ADDRESS Cape Girardeau, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. L. Kaman*.....

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.