

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9739

State File No.

FILED MAR 19 1957

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>0890</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Richmond rural</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY OR TOWN <u>HARDIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RAY COUNTY MEMORIAL HOSP.</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u>			b. (Middle) <u>ELLEN</u>		c. (Last) <u>NOBLET</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 9, 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MAR. 6, 1879</u>		9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) <u>RAY COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>GRAHAM JOHNSON</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE CARLISLE</u>		14. NAME OF HUSBAND OR WIFE <u>WM NOBLET</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME <u>WM NOBLET</u>		ADDRESS <u>HARDIN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>					
		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				20. AUTOPSY? <u>2</u> 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>3-5-57</u> to <u>3-9-57</u> that I last saw the deceased alive on <u>3-5-57</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. O. Taylor M.D.</u>				23b. ADDRESS <u>Richmond</u>		23c. DATE SIGNED <u>3-9-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HARDIN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HARDIN Mo.</u>		
DATE REC'D BY LOCAL REG. <u>March 11-1957</u>		REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>August Borchert</u>		ADDRESS <u>Hardin, Mo.</u>	

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

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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..... *August Borchert*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, 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.