

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40449

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 417

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—484

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE	
c. LENGTH OF STAY (In this place) 71 YEARS		d. STREET ADDRESS (If rural, give location) 413 N. SPRING ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM & HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) LUNA	b. (Middle) B.	c. (Last) NOBLE	4. DATE OF DEATH (Month) 12 (Day) 28 (Year) 1948
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH 4 - 9 - 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 8 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) SAN BERNARDINO CALIF 1 90	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOHN W. BRACKENBURY	13b. MOTHER'S MAIDEN NAME SAMANTHA DALY	14. NAME OF HUSBAND OR WIFE O. S. NOBLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. J. T. WESTWOOD SR. ADDRESS 413 N. SPRING ST
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture left hip		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis (?) DUE TO (c) X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X			

19a. DATE OF OPERATION 10	19b. MAJOR FINDINGS OF OPERATION Fracture left hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Independence Jackson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall on floor
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22. I hereby certify that I attended the deceased from _____, 19____, to **Dec. 28, 1948**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles Grobake, M.D. (Degree or title)	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 12/28/48
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 30, 1948	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	24d. LOCATION (City, town, or county) (State) INDEPENDENCE; JACKSON; MO.
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DATE REC'D BY LOCAL REG. 12/30/48	REGISTRAR'S SIGNATURE Samuel Craig	EMBALMER'S SIGNATURE W. Stahl ADDRESS 815 W. MAPLE AVE.
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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 _____

working under my personal supervision.

Student
Student Embalmer

Signed

Student Embalmer No. _____


Licensed Embalmer No. 3156

P. O. Address Judith, 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.