

FILED MAY 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16870

BIRTH NO. _____		REG. DIST. NO. 950		PRIMARY REG. DIST. NO. 5964		Registrar's No. 26-36	
1. PLACE OF DEATH a. COUNTY <i>Platte</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural</i>		c. LENGTH OF STAY (in this place) <i>Days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural, Pettis</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1</i>				d. STREET ADDRESS (If rural, give location) <i>3 miles West Parkville</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Leonard</i> b. (Middle) <i>Everette</i> c. (Last) <i>Noland</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 2 1949</i>				
5. SEX <i>male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Aug. 1, 1898</i>	
9. AGE (In years last birthday) <i>51</i>		10. MONTHS <i>2</i>		11. DAYS <i>17</i>		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <i>Mail Clerk</i>		11. BIRTH PLACE (State or foreign country) <i>Waldron Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Ched Noland</i>			13b. MOTHER'S MAIDEN NAME <i>Ida Williams</i>		14. NAME OF HUSBAND OR WIFE <i>Gisella Breibeck</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes, give war or period of service) <i>World War I</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. L. E. Noland</i>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Multiple Sclerosis</i> ANTECEDENT CAUSES <i>Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Respiratory Failure</i> DUE TO (c) <i>Hypertension</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>Hypertension</i>					INTERVAL BETWEEN ONSET AND DEATH <i>5 mo.</i> <i>4 3/4</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <i>April 15, 1949</i> , to <i>May 2, 1949</i> , that I last saw the deceased alive on <i>5-2, 1949</i> , and that death occurred at <i>10:30 P. m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>W. E. Brink</i>				23b. ADDRESS <i>21 Parkville, Missouri</i>		23c. DATE SIGNED <i>5-3-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>May 5-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Walnut Grove</i>		24d. LOCATION (City, town, or county) (State) <i>Parkville, Mo</i>	
DATE REC'D BY LOCAL REG. <i>5-8-49</i>		REGISTRAR'S SIGNATURE <i>Opelia Paccini</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Leland H. Francis</i>		ADDRESS	

Leonard Roland

MAY 21 REC'D

RECEIVED

District Health Officer No. _____

District File Number _____

Date Filed 5-21-49

JUN 2 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.

Student _____
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3457

P. O. Address Parkville 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.