

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30480

4219

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4219</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kas.</u> b. COUNTY <u>Johnson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>37 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Merriam</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>7821 W. 54th St. Tr.</u>					
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>			a. (First) <u>A</u>		b. (Middle) <u>NOLAND</u>		c. (Last)		
4. DATE OF DEATH <u>SEPT. 28 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 29, 1901</u>	
9. AGE (In years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Public Service Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Barnard Noland</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie -</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Bertha Noland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW No. 1</u>		16. SOCIAL SECURITY NO. <u>486-07-5439</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Noland</u>				ADDRESS <u>-7821 W. 54th St. Tr.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion Acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Coronary Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>						INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u> <u>10 years</u>	
19a. DATE OF OPERATION		19b. FINDINGS OF OPERATION <u>Occlusion of posterior Coronary Artery</u>						20. AUTOPSY? YES <input checked="" 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)		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>Sept 27, 1949</u> , to <u>Sept 28, 1949</u> , that I last saw the deceased alive on <u>Sept 28, 1949</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Carl H. Brust</u>				(Degree or title)		23b. ADDRESS <u>106 W 14th St. K.C. Mo.</u>		23c. DATE SIGNED <u>Sept 29 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/30/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brook Brookings</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo. RAYTOWN</u>			
DATE REC'D BY LOCAL REG. <u>10-1-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & MCCLURE CO.</u>		ADDRESS <u>KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300

V. 10.48

(Frank Siskind)

OCT 18 1948

106 W 14 St NY

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 S J Allen

Licensed Embalmer No. 1412

P. O. Address H C Dow

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.