

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37441
State File No. 4835

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4835			
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) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 36 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) 48 OR TOWN KANSAS CITY					
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 EAST ARMOUR BLVD.				d. STREET ADDRESS (If rural, give location) 801 EAST ARMOUR BLVD.					
3. NAME OF DECEASED (Type or Print) a. (First) CHRISTIAN		b. (Middle) FREDERICK		c. (Last) NOELLING		4. DATE OF DEATH (Month) (Day) (Year) NOV-14-1949			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL-1-1886			
				9. AGE (In years last birthday) 63 YEARS		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY NOELLING STEEL SALES CO.		11. BIRTHPLACE (State or foreign country) LOUISVILLE KENTUCKY		12. CITIZENRY OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CHRISTIAN NOELLING		13b. MOTHER'S MAIDEN NAME SOPHIA SHAEFER		14. NAME OF HUSBAND OR WIFE Mrs. CARRIE R. NOELLING					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-24-3921		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. CARRIE R. NOELLING 801 E. ARMOUR KANSAS CITY, MO					
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, asthma, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Unknown Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unknown						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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?					
22. I hereby certify that I attended the deceased from June, 1948, to Nov 14, 1949, that I last saw the deceased alive on Nov 14, 1949, and that death occurred at 9:45 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Harold A. Pallett MD (Degree or title)				23b. ADDRESS 1132 Prof. Club Bldg. K.C. Mo.		23c. DATE SIGNED 11/15/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-16-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Louisville Kentucky			
DATE REC'D BY LOCAL REG. 11-14-49		REGISTRAR'S SIGNATURE Geraldine Kalmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer Sons 1351-15th St. N OREO KANSAS CITY, MO.					

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

11:30
11:30
11:30

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 *Bernard L. Horan*.....

Licensed Embalmer No. *4250*.....

P. O. Address *M.C. 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.