

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4958
Registrar's No. 716

| | | | | | | | | |
|---|--|---|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>716</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>4 months</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>3215 Karnes Boulevard</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> | | b. (Middle) <u>Joseph</u> | | c. (Last) <u>NOONAN</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1950</u> | | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>June 28, 1904</u> | | |
| 9. AGE (In years last birthday) <u>45</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 MRS. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Underwriter</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>WOW Ins. Society</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Omaha, Nebraska</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | 13a. FATHER'S NAME <u>Thos. F. Noonan</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary M. Murphy</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>506-01-2945</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas R. Noonan, Omaha, Nebraska</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction primary</u> ANTECEDENT CAUSES <u>of reductants</u> Morbidity conditions, if any, giving rise to the above, cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>9 mos</u> | | |
| 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 <u>10-2-X</u> | | 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) (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 <u>1/15, 1950</u> to <u>2/15, 1950</u> , that I last saw the deceased alive on <u>2/15, 1950</u> and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23. SIGNATURE <u>W.W. Buckingham</u> (Degree or title) | | | | 23b. ADDRESS <u>314 1/2 E. 10th</u> | | 23c. DATE SIGNED <u>2/16/50</u> | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-17-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>2-16-50</u> | | REGISTRAR'S SIGNATURE <u>Melody McGilley-Eylar</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo</u> | | | | |

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

MAY 5 1945

75-5985

Dr. W. H. Buckner
Prof. Dept. of Anatomy
After 2:00 - 3:14 - Turner

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 Embalmer No.

Signed

Gene E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No.

4063

P. O. Address

Kansas City, 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.