

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16885
1999
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>43 years</u>		d. STREET ADDRESS (If rural, give location) <u>2917 Cherry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary's Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PLATOFF</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>NOBLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>mar.</u>	8. DATE OF BIRTH <u>March 20 1870</u>	9. AGE (In years last birthday) <u>80</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	11. BIRTHPLACE (State or foreign country) <u>Wheeling W.Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Dorsey Noble</u>	13b. MOTHER'S MAIDEN NAME <u>Jannie Funk</u>	14. NAME OF HUSBAND OR WIFE <u>Nora A.</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nora Noble</u>	ADDRESS <u>2917 Cherry</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac dilatation + pulmonary edema</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>H45X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 August 1949, to April 30, 1950, that I last saw the deceased alive on April 27, 1950, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Claude O. Farley</u> (Degree or title) <u>Claude O. Farley M.D.</u>	23b. ADDRESS <u>4301 Main</u>	23c. DATE SIGNED <u>5/1/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-2-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-1-50</u>	REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son, Inc</u>	ADDRESS <u>Kansas City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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*St. Louis Facility
4301 main*

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.....

E. M. Joiner

Signed.....
Student Embalmer

Licensed Embalmer No. *3453*

P. O. Address *2825 IND. BLVD*

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.