

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27039

State File No.

FILED AUG 21 1950

BIRTH NO. 50239-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3355

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Town Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Lexington	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) Franklin Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Hospital			

3. NAME OF DECEASED a. (First) ERVIN b. (Middle) WILLIAM c. (Last) NOLAN			4. DATE OF DEATH (Month) (Day) (Year) Aug. 4, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 1, 1950	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson Co., Mo.	
13a. FATHER'S NAME James Nolan		13b. MOTHER'S MAIDEN NAME Alice Louise Green		14. NAME OF HUSBAND OR WIFE	

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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Nolan, Lexington, Mo.			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Membrane Bronchitis with Congestive Edema of Left Lung - 8 Right Retention of Secretions		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Myocardial Infarction		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7544			

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 Aug 1, 1950, to Aug 4, 1950, that I last saw the deceased alive on Aug 4, 1950, and that death occurred at 2:00 AM from the causes and on the date stated above.

23a. SIGNATURE J. C. Bellman D O (Degree or title)	23b. ADDRESS Lexington Mo.	23c. DATE SIGNED 8/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 8/4/50	24c. NAME OF CEMETERY OR CREMATORY Mashpeleh	24d. LOCATION (City, town, or county) (State) Lexington Mo.
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DATE REC'D BY LOCAL REG 8-5-1950	REGISTRAR'S SIGNATURE Geraldine Holmsted	FUNERAL DIRECTOR'S SIGNATURE James C. Bellman	ADDRESS Temple Funeral Home
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....
John McLean

Licensed Embalmer No. *19839*

P. O. Address *Levin, 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.