

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5023

State File No.

BIRTH NO. 65667-57 REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 8

0480

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

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 Grandview		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Edward c. (Last) NOBLIT			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Guy R. Noblit		13b. MOTHER'S MAIDEN NAME Elizabeth M. Donnelly		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 Guy R. Noblit, Grandview, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA (LOBULAR) ANTECEDENT CAUSES DUE TO (b) HEMOLYTIC STREPTOCOCCI. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE			INTERVAL BETWEEN ONSET AND DEATH Approx 5 days 491XC

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Feb 1, 1951, to Feb 3, 1951, that I last saw the deceased alive on Feb 2, 1951, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

22a. SIGNATURE R. L. West (Degree or title)		23b. ADDRESS Grandview Mo		23c. DATE SIGNED 2-4-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-51		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 2/5/51		REGISTRAR'S SIGNATURE Dr. Anna B. Hadjopoulos		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Bylar, Kansas City, Mo.	
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FEB 20 RECD

1-15-51

Dr. Annie Hedger

RECEIVED
 NO. 1234
 DATE
 TIME
 PLACE
 NAME
 SEX
 AGE
 OCCUPATION
 RELATION
 TO DECEASED
 SIGNATURE
 OF EMBALMER
 LICENSE NO.
 P. O. ADDRESS
 CITY
 STATE
 ZIP CODE

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

Elew 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.

10-5-2

10-5-2