

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8705  
Registrar's No. 807

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>21 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>5121 Agnes</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SARAH</u>		b. (Middle) <u>LORENE</u>		c. (Last) <u>NOAH</u>	
4. DATE OF DEATH		(Month) <u>February</u>		(Day) <u>21,</u>		(Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 7, 1906</u>		9. AGE (In years last birthday) <u>44</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Tom Cogdill</u>		13b. MOTHER'S MAIDEN NAME <u>Flora Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Rowland Noah, husband</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Rowland Noah, 5121 Agnes, K.C., Mo.</u>			
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) <u>Morbidity Carcinoma of breast</u>  ANTECEDENT CAUSES <i>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Carcinoma of breast</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> _____				INTERVAL BETWEEN ONSET AND DEATH <u>1/11/49</u>  <u>1/11/49</u>  <u>170x</u>	
19a. DATE OF OPERATION <u>1/11/49</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Carcinoma of right breast</u>				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: <u>2/1/51</u> , 19 <u>51</u> , to <u>2/21/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/21/51</u> , 19 <u>51</u> , and that death occurred at <u>3:20 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C.G. Leitch MD</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>1109 Pine Ridge Rd</u>		23c. DATE SIGNED <u>2/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/21/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanberry, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Stanberry, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-21-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE, Kansas City, Missouri</u>			

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

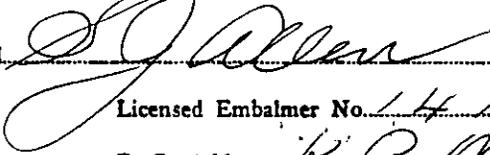
**STATEMENT BY LICENSED EMBALMER**

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.

Student Embalmer No. ....

Signed \_\_\_\_\_



Signed.....  
Student Embalmer

Licensed Embalmer No. 1415

P. O. Address K. C. M. B.

**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.