

FILED JUN 22 1951

STANDARD CERTIFICATE OF DEATH

4014 State File No. 19336

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. ~~4014~~ Registrar's No. 35

0030
1

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

1. PLACE OF DEATH a. COUNTY <u>Atchison Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rock-Port mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rock-Port mo 0030</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print), a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Noah</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 7 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Jan 10 - 1865</u>		9. AGE (in years last birthday) <u>86</u> Months <u>4</u> Days <u>27</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Mound city Kansas</u>		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>Hansen Bird Parks</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moore</u>		14. NAME OF HUSBAND OR WIFE <u>John C. Noah (Deceased)</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Noah Rock-Port mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pulmonary edema</u>		DUPLICATE (b) <u>cor pulmonale</u>			<u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE (c) <u>pulmonary fibrosis & emphysema 15 yrs</u>			<u>2 yrs</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>525X</u>			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) m.		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 15 May 1951, to 7 June 1951, that I last saw the deceased alive on 7 June 1951, and that death occurred at 11:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Marvin H. Schuler M.D.</u> (Degree or title)		23b. ADDRESS <u>Rock-Port Mo</u>		23c. DATE SIGNED <u>8 June 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 10 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Rock-Port mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Bertram</u>		ADDRESS <u>Rock-Port Mo</u>	
DATE REC'D BY LOCAL REG. <u>June 14, 1951</u>		REGISTRAR'S SIGNATURE <u>Marvin H. Schuler</u> 443			



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.....

C. E. Buttram

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *C. E. Buttram*

Licensed Embalmer No. *1764*

P. O. Address *Rock Port 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.