

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37483

State File No.

4916

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 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) <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>27 years</u> | | d. STREET ADDRESS (If rural, give location) <u>3936 Euclid</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3936 Euclid</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>FRANK</u> c. (Last) <u>NOEL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>November 17, 1951</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>November 16, 1878</u> | | 9. AGE (In years last birthday) <u>73</u> | | 10. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Circuit Court</u> | | 11. BIRTHPLACE (State or foreign country) <u>Memphis, Tennessee</u> | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Chas. Leon Noel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Quinn</u> | | 14. NAME OF HUSBAND OR WIFE <u>Grace A Noel</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>496-05-6586</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace A. Noel</u> ADDRESS <u>3936 Euclid K. C. Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Retrocecal abscess</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>157 h</u> | |
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|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) (Minute) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:45P m., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE <u>Angelo Lapio</u> (Degree or title) <u>autopsy</u> | | 23b. ADDRESS <u>101 Memorial Drive</u> | | 23c. DATE SIGNED <u>11/18/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov 19, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | | |

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|--|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>11-19-51</u> | | REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>WILKS FUNERAL HOME</u> ADDRESS <u>2315 Linwood K. C. Mo</u> | |
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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-----

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Chas. E. Wells

Licensed Embalmer No.

2644

P. O. Address

19 E 110

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.