

V. S. No. 300
Rev. 10-48

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8508**
Registrar's No. **1273**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 80 yr	c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1520 Topping		d. STREET ADDRESS (If rural, give location) 1520 Topping	

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) ELLEN c. (Last) NOLAND			4. DATE OF DEATH (Month) (Day) (Year) 3/16/52		
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid	8. DATE OF BIRTH 2/2/1866	9. AGE (In years last birthday) 86	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Parkville, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME John Williams	13b. MOTHER'S MAIDEN NAME Sarah Snelzter	14. NAME OF HUSBAND OR WIFE Olbed Thomas Noland
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. John P. Hasey	ADDRESS 1520 Topping
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 ds
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral heart failure		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4341	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 3-8, 1952, to 3-16, 1952 that I last saw the deceased alive on 3-15, 1952, and that death occurred at P m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] La Rue (Degree or title)	23b. ADDRESS 5811 Truman Rd	23c. DATE SIGNED 3-18-52
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24a. BURIAL CREAM FROM REMOVAL Burial	24b. DATE 3/18/52	24c. NAME OF CEMETERY OR CREMATORY Noland Cemetery	24d. LOCATION (City, town, or county) (State) Parkville, Mo.
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DATE REC'D BY LOCAL REG. 3-18-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil	ADDRESS K. C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

3008

STATE OF MISSOURI

DEPARTMENT OF HEALTH

EMBALMERS

Form No. 1

Revised 1958

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 *John P. Sheil* _____

Licensed Embalmer No. 3625

P. O. Address Manassas City, Md

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.