

44584

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

5756

No. 300  
10.48

FILED FEB 7 1953

BIRTH NO. 85572 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>3 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City "Rural" 0480</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>117th &amp; Troost</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Debra</u>		b. (Middle) <u>Ann</u>	c. (Last) <u>Nolen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 29 52</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED (Specify) <u>NEVER MARRIED</u> WIDOWED, DIVORCED, XXXXX	8. DATE OF BIRTH <u>December 10, 1952</u>	9. AGE (In years last birthday) <u>3 weeks</u>	10. IF UNDER 1 YEAR Months <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Harvey Kenneth Nolen</u>		13b. MOTHER'S MAIDEN NAME <u>Alberta Lear</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XX</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harvey Nolen 117th &amp; Troost - Grandview, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pending Autopsy</u> INTERVAL BETWEEN ONSET AND DEATH <u>Less than 12 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Baby not seen during interstitial pneumonia (Premature last illness)</u> DUE TO (c) <u>last illness</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>dates below do not refer</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>to last illness</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>12/10</u> , 1952, to <u>12/27</u> , 1952, that I last saw the deceased alive on <u>12/27</u> , 1952, and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. B. Becker</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>4000 Baltimore Kansas City Mo</u>		23c. DATE SIGNED <u>12/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/30/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>		
DATE RECD BY LOCAL REG. <u>12-30-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bentley Mortuary 5 811 Troost K.C. Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Y. J. Buffington

Licensed Embalmer No. 2756

P. O. Address \_\_\_\_\_

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.