

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5847
594

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>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo 8th</u>		c. LENGTH OF STAY (In this place) <u>8th</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>		d. STREET ADDRESS (If rural, give location) <u>512 Woodland 310⁸</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nursing Home, 512 Woodland</u>				d. STREET ADDRESS (If rural, give location) <u>512 Woodland 310⁸</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u>		b. (Middle) <u>Blanch</u>		c. (Last) <u>Decatur</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-53</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 20 1897</u>	
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Parkville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? _____				13. FATHER'S NAME <u>John Nick Noland</u>			
14. MOTHER'S MAIDEN NAME <u>Minnie Fickle</u>				15. NAME OF HUSBAND OR WIFE <u>Arthur Decatur</u>			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no (if unknown) (If yes, give year or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. _____		18. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.B. Noland Parkville, Mo</u>			
19. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Today</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>				8 years	
		DUE TO (c) _____				42 ⁰ !	
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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>12-31-50</u> , 19 <u>50</u> , to <u>1-26-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-26-53</u> , 19 <u>53</u> , and that death occurred at <u>8³⁰ a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Paul Laurenzana MD</u>				23b. ADDRESS <u>428 South White Ave</u>		23c. DATE SIGNED <u>1-26-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 29 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-29-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward H. Francis Parkville, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

L. H. Francis

MAY 18 1956

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, *L. H. Francis*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leland H. Francis*

Licensed Embalmer No. 3457

P. O. Address Parkville, 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.