

5. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25349

State File No.

FILED JUL 27 1953

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 145

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Little Blue</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>9 wks</u>		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1400 N. River</u>	

3. NAME OF DECEASED. (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Nolan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 16, 1953</u>
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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>May 25, 1888</u>	9. AGE (In years last birthday) <u>65</u> Months <u>1</u> Days <u>21</u> If under 12 hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bldg.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Edward Nolan</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Nolan</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>499-10-6836</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Thelma Mace</u> ADDRESS <u>1400 N. River</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		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Metastatic carcinoma of liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary site not known probably colon.</u> DUE TO (c)		
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>153X</u>	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)
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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?
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22. I hereby certify that I attended the deceased from June 16, 1953, to July 16, 1953, that I last saw the deceased alive on July 16, 1953, and that death occurred at 4:52 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. C. Kuenenochlein M.D.</u> (Degree or title)	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>17 July 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 18-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Ben</u>	24d. LOCATION (City, town, or county) (State) <u>Indep. Mo.</u>
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DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <u>7/17/53 N.B. Longford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilton L. Tappley</u> ADDRESS <u>Indep. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

APR 29 1964

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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.....
Signature of Student Embalmer

Signed... *Clifton L. Kopy*

Licensed Embalmer No. 4225

P. O. Address... *Indep m*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.