

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27571**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3399**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Platt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>3 1/2 yrs.</b>	c. CITY OR TOWN <b>Parkville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Linwood Blvd. Nursing Home</b>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
e. STREET ADDRESS <b>10 W. 6th St. Parkville, Mo.</b>		0830	
<b>3. NAME OF DECEASED</b> a. (First) <b>Henry</b> b. (Middle) <b>Clifton</b> c. (Last) <b>Noland</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 14 1954</b>
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 10, 1871</b>
<b>9. AGE</b> (in years last birthday) <b>82</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>general farm</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Parkville, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> 0	
<b>13a. FATHER'S NAME</b> <b>Geo. W. Noland</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sidney Reynolds</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Maggie Naylor Noland</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>497-26-433</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Park Noland</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>	
DUE TO (c) _____		4 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4500</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from 1-1-52 to 7-14-54, that I last saw the deceased alive on 7-14-54, and that death occurred at 5:30 p.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Frank Paul Laurenzana MD</b>		<b>23b. ADDRESS</b> <b>428 South White Ave</b>	<b>23c. DATE SIGNED</b> <b>7-14-54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>removal</b>		<b>24b. DATE</b> <b>July 16, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Noland</b>
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Parkville, Mo.</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>7-16-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>H. Francis</b>
		<b>ADDRESS</b> <b>Parkville, Mo.</b>	

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, ~~by me~~....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Leland N France*.....

Licensed Embalmer No *345*

P. O. Address *Parkville*

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.