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FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33112

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1135

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 65 yrs.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
No. STREET ADDRESS		(If rural, give location) 38th & Sylvanie St. 6117	

3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) METHANDLE c. (Last) NOLAN			4. DATE OF DEATH (Month) (Day) (Year) October 25, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 4, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Various	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry N. Nolan		13b. MOTHER'S MAIDEN NAME Eliza Van Valkenburg		14. NAME OF HUSBAND OR WIFE Vina Mae Nolan	
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. Vina Mae Nolan, St. Joseph, Mo.	
15. ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service)		16. ADDRESS		17. ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 day
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatal Head and body injuries, shock & concussion		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) Man was injured when struck by an automobile while crossing the Belt U. S. Highway near Angelique St.,		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 Buchanan County E8124 25		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington Twp. Buchanan Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 25, 1954 9:48A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by an Automobile.	

22. I hereby certify that I attended the deceased from <sup>viewed</sup> on Oct 25, 1954, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Munch (Carson) M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 10-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 28, 1954		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. Nov 3, 1954		REGISTRAR'S SIGNATURE Katherine M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Joseph, Mo.	
		485		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *Victor J. Barry*.....  
Licensed Embalmer No. *42*  
P. O. Address *St Joseph*

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.