

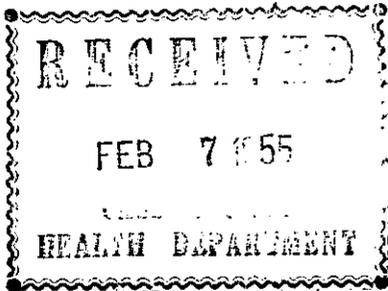
FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 507

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Cass</u> <u>01910</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CASS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>15 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0191</u> OR TOWN <u>HARRISONVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>E. Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>E. Chestnut</u>			
3. NAME OF DECEASED (Type or Print) <u>Ms Grace Noel</u>			c. (Last) <u>NOEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1955</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>NOV. 5 - 1871</u>		9. AGE (In years last birthday) <u>83</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 10 yrs. Hours _____ Mins. _____
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>SULLIVAN ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HEMAN BEACH</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY JANE BENGE</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE REED</u>			
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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. OLIVE COLCROVE 940 EAST 43RD KANSAS CITY 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>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs -</u>	
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) <u>331 X</u>			
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>1-22-1955</u> , to <u>1-26-1955</u> , that I last saw the deceased alive on <u>1-24-1955</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. Edwards Jones M.D.</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>1-26-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JAN. 28, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Jan 31, 1955</u>		REGISTRAR'S SIGNATURE <u>Lora Barwood</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer Sons, Kansas City, Mo.</u>		ADDRESS <u>1331-33rd St. Kansas City, Mo.</u>	

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 10 Ave.

**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.