

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11124

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 4052		Registrar's No. 381	
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) Agency Town		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN Agency		d. 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 General Delivery				f. STREET ADDRESS (If rural, give location) General Delivery 0110			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA			b. (Middle)			c. (Last) NOLAND	
4. DATE OF DEATH (Month) (Day) (Year) April 7, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Sept. 25, 1876		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Pensioner		11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Mitchell		13b. MOTHER'S MAIDEN NAME Nancy Ann Cobb		14. NAME OF HUSBAND OR WIFE George D. Noland (de)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no. or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Noland, St. Joseph, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of right breast  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Peripheral vascular disease of extremities Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Unk.  Unk.  Unk.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170 X				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) m.		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 3/4 1955, to 4/7 1955, that I last saw the deceased alive on 4/6 1955, and that death occurred at 7:25 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Martin H. Christ, M.D.				23b. ADDRESS 6106 King Hill St. Joseph, Missouri		23c. DATE SIGNED 4/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Agency Cemetery		24d. LOCATION (City, town, or county) (State) Agency, Missouri	
DATE REC'D BY LOCAL REG. April 13, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE John [Signature]		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 19 1955

**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.....  
Licensed Embalmer No. 394  
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.