

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5027

State File No.

764

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY OR TOWN Kansas City		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 St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) 42 1616 E. 30th Street				3470	
3. NAME OF DECEASED (Type or Print) RUBY			a. (First)		b. (Middle) V.		c. (Last) NOLAND		
4. DATE OF DEATH		(Month) 2		(Day) 19		(Year) 56			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1-13-1900		9. AGE (In years last birthday) 56	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 MRS. Hours		IF UNDER 1 MRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Alma, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dr. G. C. Losey			13b. MOTHER'S MAIDEN NAME Fairy Sweinhart			14. NAME OF HUSBAND/OR WIFE Grover F. Noland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Grover F. Noland				ADDRESS 1616 E. 30th Street	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis				DUE TO (b) Adenocarcinoma of breast				2-3 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								170+	
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)				
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 <u>4-26</u> , 19 <u>51</u> , to <u>2-19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>56</u> and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE E. Robert Nigro (Degree or title) M.D.				23b. ADDRESS 1222 McGee, Kansas City, Mo			23c. DATE SIGNED 2-20-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-22-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City Missouri			
DATE REC'D BY LOCAL REG. 2-20-56		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS 1800 E. Linwood				

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Melvin Barbeau*.....

Licensed Embalmer No... *490*.....

P. O. Address... *KC 7*.....

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.