

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1410
STATE FILE NUMBER 105

Registration District No. 149 Primary Registration District No. 1002 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, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR DeLora Rest Home INSTITUTION 622 Benton Blvd			Length of stay in 70 Years		d. STREET (If outside, give location) ADDRESS 2718 Linwood Blvd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Anna Last Nolan				4. DATE OF DEATH Month Jan Day -8- Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 29 1871	
9. AGE (In years last birthday) 85		10. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (City and state or country) Ellsworth Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				13. FATHER'S NAME Michael Quinlan			
13. FATHER'S NAME Michael Quinlan				14. MOTHER'S MAIDEN NAME Mary Barrett			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT Address James Nolan 2718 Linwood Blvd. K. C.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive & arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fracture, left hip 12-2-56						INTERVAL BETWEEN ONSET AND DEATH years H200F	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell at DeLora Nursing Home					
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m. 12 2 56		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) DeLora Nursing Home					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. CITY, TOWN, OR LOCATION Kans. City		COUNTY Jackson		STATE Mo.	
21. I attended the deceased from 9-13-56 to 1-8-57 and last saw her/him alive on 9-1-7-57 Death occurred at 9:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Wilson H. Miller M.D.				22b. ADDRESS 4620 Independence Ave Kansas City, Mo.		22c. DATE SIGNED 1-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 11 1957		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Mellody McGilley Eylar Kan. City Mo.				25. DATE RECD. BY LOCAL REG. 1-9-57		26. REGISTRAR'S SIGNATURE Deva Marshall	

Dr. William H. Miller
4620 Study Ave
@ H-1-5750
anytime after 1:30

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 Arthur Eugene

Licensed Embalmer No. 44

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.