

Health,
Welfare
Public
Service

300
1-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24750

STATE FILE NUMBER

3218

FILED AUG 1 - 1957

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 KANSAS b. COUNTY WYANDOTTE		
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 type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) QUEEN OF THE WORLD			d. STREET ADDRESS 1323 N. 12th St.		Length of stay in hospital (If in hospital, give location) 30 hrs
3. NAME OF DECEASED (Type or print) First GERARD Middle Thomas Last NOFFLES			4. DATE OF DEATH Month JULY Day 7 Year 1957		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 6, 1957	9. AGE (In years last birthday) IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 24 HRS. Hours 30 Min. 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME GERARD THOMAS NOFFLES			14. MOTHER'S MAIDEN NAME CATHERINE ROSE NOFFLES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) infant		16. SOCIAL SECURITY NO. Infant	17. INFORMANT Address Catherine Rose Noffles 1323 N. 12th St. R.C.K.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immaturity due to Prematurity					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 6, 1957 to July 7, 1957 and last saw her alive on JULY Death occurred at 8:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J S Johnson			22b. ADDRESS 2202 E 18th St.		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/12/1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Mrs. J. W. Jones		ADDRESS 440 state ave.		25. DATE RECD. BY LOCAL REG. 7-12-57	26. REGISTRAR'S SIGNATURE Anna Minshel

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. S. Johnson, M.D.

K. C. Kansas

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Engene English*
Licensed Embalmer No. 41

P. O. Address *4400 S. R.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.