Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1366

STATE FILE NUMBER 353

FILED FEB 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — Length of stay in 1b: 40 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 3217 Prospect (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MISS LAURA Middle B. Last NOYES

4. DATE OF DEATH: Month 1 Day 22 Year 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 3-23-1880 ~~1882~~

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Teaching

11. BIRTHPLACE (City and state or country): Lafayette County, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: William Noyes

13b. MOTHER'S MAIDEN NAME: Martha Gambriel

14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr. Dale Rigg Address: Leon, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Severe incanitis — ? months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) gen. metastatic carcinoma — ? mo.

DUE TO (c) adenocarcinoma sigmoid — ? mo.

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 [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Jan 11-58, to Jan 22-58 and last saw her/him alive on Jan. 22-58. Death occurred at 7 pm. upon the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R Paul Wright (Degree or title) M.D.

22b. ADDRESS Kansas City, Mo. 1324 Prof Bldg

22c. DATE SIGNED Jan 23-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 25, 1958

23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Stine & McClure Und. Co — ADDRESS: K.C., Missouri

25. DATE RECD. BY LOCAL REG.: 1-23-58

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

R. Paul Wright

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 ..... Signed William M. Turner
Signature of Student Embalmer

Licensed Embalmer No. 4648
P.O. Kansas City, Mo

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.