

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017884

STATE FILE NUMBER

2508

FILED JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57 0

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) Kansas City		Inside Limits Yes <input 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 (If NOT in hospital, give location) General Hospital		Length of stay in lb 10 yrs		d. STREET ADDRESS 4119 Hawthorne		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle L. Last Noble				4. DATE OF DEATH Month 5 Day 19 Year 59			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH no record		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) Construction labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kentucky MO U.S.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME no record			13b. MOTHER'S MAIDEN NAME no record		14. NAME OF HUSBAND OR WIFE		
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. -		17. INFORMANT Ruth Ann Buck KC Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) hyperthephroma of kidney					
		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.) 180X					
20c. TIME OF INJURY Hour 7:15 a.m. PM							
20d. INJURY OCCURRED WHILE AT <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 3-29-59 , to 5-19-59 and last saw her alive on 5-19-59 Death occurred at 7:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Abraham Gelperin (Degree or title)				22b. ADDRESS 2100 Cherry GH# 1		22c. DATE SIGNED 5-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/20/59		23c. NAME OF CEMETERY OR CREMATORY Ladner Cem		23d. LOCATION (City, town, or county) (State) Ladner, Mo	
24. FUNERAL DIRECTOR Roy Bruce Ladner, Mo ADDRESS			25. DATE RECD. BY LOCAL REG. 5-20-59		26. REGISTRAR'S SIGNATURE neva minshall		

All diseases in Part I must be causally related.
M. D.
Abraham Gelperin

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Roy Bruce*

Licensed Embalmer No. *1989*

P. O. Address *Lawrence*

**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.**