

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. JAN - 5 1960 46

Registration District No. 3026 Primary Registration District No. 12 Registrar's No.

STATE FILE NUMBER

UNDECEASED

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 Independence		Length of stay in 1b 2 Weeks		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep., San., & Hosp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 1220 S. Mc Coy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Thomas Middle Herschell Last Noble				4. DATE OF DEATH Month Dec. Day 26, Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 2 1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ref. Engineer			10b. KIND OF BUSINESS OR INDUSTRY Packing House		11. BIRTHPLACE (City and state or country) Wakenda, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Earl R. Noble			13b. MOTHER'S MAIDEN NAME Jane M. Wes			14. NAME OF HUSBAND OR WIFE Virginia Noble			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 510-07-2897		17. INFORMANT Address Mrs Virginia Noble 1220 S. Mc Coy					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure							INTERVAL BETWEEN ONSET AND DEATH 2 week		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerotic Cardiovascular disease		DUE TO (c)		year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) Diabetes mellitus.							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m.		Month, Day, Year							
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 6/14/58 to 12/26/59 and last saw him alive on 12/25/59				Death occurred at 5:15 m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Vance E. Litch, M.D.				22b. ADDRESS 18901 Cannon Rd Independence, Mo			22c. DATE SIGNED 12/26/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-28-59	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge		23d. LOCATION (City, town, or county) Indep. Mo.		(State)			
24. FUNERAL DIRECTOR Geo C. Carson & Sons			ADDRESS Indep., Mo.		25. DATE RECD. BY LOCAL REG. 12-28-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Dean W. Huff

Licensed Embalmer No. *4914*

P. O. Address *Indy, 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.