URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 30 1960

-60-023318

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3152

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 40 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Newberry Nursing Home — Inside Limits: Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 826 Linwood — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MR. JOHN Middle C. Last NOONAN
4. DATE OF DEATH: Month June Day 12 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-10-1880
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Lumber yard
11. BIRTHPLACE (City and state or country): New Florence, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Noonan
13b. MOTHER'S MAIDEN NAME: Ellen McLaughlin
14. NAME OF HUSBAND OR WIFE: Mrs. Jennie Noonan
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.: 496-10-0787
17. INFORMANT: Mrs. Jennie Noonan Address: 826 Linwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BASILAR ARTERY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — 5 YRS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY CONGESTION
BED PATIENT AS RESULT OF CEREBRAL ARTERY THROMBOSIS
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ 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 JUNE 7, 1960 to JUNE 12, 1960 and last saw him alive on JUN 12, 1960
Death occurred at 6:47 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF James W. Fowler

22a. SIGNATURE James W. Fowler (Degree or title) M.D.
22b. ADDRESS 1103 GRAND AVE. KANSAS CITY, MISSOURI
22c. DATE SIGNED 6-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-60
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Mellody-McGilley-Eylar Funeral Home — ADDRESS: 1800 E. Linwood Blvd.
25. DATE RECD. BY LOCAL REG.: 6-13-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Dr. James -
Professional
BA 1-0680-
after 1:30P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dale L. Martin
Signature of Student Embalmer

Licensed Embalmer No. 510

P. O. Address Shawnee,

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