RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-046249

FILED VS JAN 11 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6294 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri — Length of stay in this place: 19 ~~days~~ yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Luke's Hospital — 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) 5527 Charlotte — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: James Middle: C. Last: Noll
4. DATE OF DEATH Month: December Day: 13 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 7-28-02
9. AGE (last birthday): 58 — 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): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: BENDIX CORP.
11. BIRTHPLACE (City and state or country): OKLAHOMA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JAMES C. NOLL
13b. MOTHER'S MAIDEN NAME: MARY E. CLARK
14. NAME OF HUSBAND OR WIFE: CAROL NOLL
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.: 489-24-0520
17. INFORMANT: R.E. WILSEY Address: K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Coronary Thrombosis	7 days
DUE TO (c)	Arteriosclerotic Heart Disease	2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1955 to 12/13/60 and last saw ~~him~~ him alive on 12/12/60
Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W Hamill MD (Degree or title)
22b. ADDRESS Kansas City Mo
22c. DATE SIGNED 12/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-15-60
23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

24. FUNERAL DIRECTOR FREEMAN MORTUARY ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 12-14-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Robert W. Hamill MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter H. Erum

Signature of Student Embalmer

Licensed Embalmer No. 435

P. O. Address K. C. M

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.