

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005459

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 891

STATE FILE NUMBER

FILED VS MAR 3 1961

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANS. CITY</u>		Length of stay in lb <u>8 HRS</u>		c. CITY OR TOWN <u>K.C. 18</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST MARY'S HOSPITAL</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2501 E. 59th TERR. No.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>KEITH ALEX NOBLITT</u>				4. DATE OF DEATH Month Day Year <u>2 - 19 - 61</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUC</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 10 1959</u>	
9. AGE (last birthday) <u>2</u>		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) <u>CHILD</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>SPRINGFIELD MO.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Billy D. NOBLITT</u>				13b. MOTHER'S MAIDEN NAME <u>BEVERLY FARLETTE</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Mr Billy D Noblitt 2501 E 59th Terr. N</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple focal pneumonia</u> DUE TO (b) <u>of lungs Patechial hemorrhages</u> DUE TO (c) <u>thinned congested kidneys</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I <u>History of Salivary Gland Gaining</u>						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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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. <u>7 1/2</u>		Month, Day, Year <u>2-19-61</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ruth Song, D. Owens Coroner</u>				22b. ADDRESS <u>152 minor station</u>		22c. DATE SIGNED <u>2-20-61</u>	
23a. BURIAL CREMATION? <input checked="" type="checkbox"/> REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>2-22-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. COMFORT CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD Missouri</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS (N.K.C. Mo)</u>				25. DATE RECD. BY LOCAL REG. <u>2-20-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Song</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John V. Henrich, Jr.
Licensed Embalmer No. 4848

P. O. Address K. C. 17, 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.