# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 2749 61-021395 STATE FILE NUMBER

FILED JUN 21 1961

1. PLACE OF DEATH a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in Ib 2 days

c. CITY OR TOWN Grandview — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 13804 Norby Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle ARTHUR Last Noonan

4. DATE OF DEATH Month May Day 31. Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7/23/'18

9. AGE (last birthday) ~~43~~ 42 — 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) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY Heave Construction

11. BIRTHPLACE (City and state or country) K. C., Kansas

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jerimiah Noonan

13b. MOTHER'S MAIDEN NAME Terresa M. Ross

14. NAME OF HUSBAND OR WIFE Mary K. 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.

17. INFORMANT Mary K. Noonan Address Grandview, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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

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 Nov. 1954. to 5-31-61 and last saw him alive on 5-23-61

Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert S. Mosser (Degree or title) MD — 22b. ADDRESS Independence, Mo — 22c. DATE SIGNED 6/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 6-3-'61 — 23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery — 23d. LOCATION (City, town, or county) (State) Belton, Mo.

24. FUNERAL DIRECTOR E. K. George & Sons — ADDRESS Grandview, Mo — 25. DATE RECD. BY LOCAL REG. 6-2-61 — 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Robert S. Mosser MEDICAL CERTIFICATION

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED DOCUMENT

Lo 1-5482

**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_____ Signed Sterling E. Goddard

Signature of Student Embalmer

Licensed Embalmer No. 4911

P. O. Address Gardiner

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.