

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044947

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5907

STATE FILE NUMBER

AMENDED

FILE DEC 18 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 1b 11 days	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 Osteopathic Hospital	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 1810 South Vermont	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GARNER Middle NOLAND Last NOLAND		4. DATE OF DEATH Month 11 Day 22 Year 1961	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-19-02
9. AGE (last birthday) 59		IF UNDER 1 YEAR Months 59 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Charles C. Noland	
13b. MOTHER'S MAIDEN NAME Retta Waters		14. NAME OF DECEASED'S WIFE Minelle Noland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W. W. II		17. INFORMANT Address Minella Noland Independence, 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) Toxemia with fat necrosis DUE TO (b) Enzymatic with peritonitis DUE TO (c) Acute pancreatitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Biliary Cirrhosis; Splenic infarct			INTERVAL BETWEEN ONSET AND DEATH 12hrs 15hrs 80hrs
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.)		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	
20c. TIME OF INJURY Hour 2:10 a.m. 0 p.m.	Month, Day, Year 10/17/61	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 10/17/61 to 11/22/61 and last saw her/him alive on 11/21/61 Death occurred at 2:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE E. A. Fisher D.O. (Degree or title)	
22b. ADDRESS Indep. Mo. 11109 Winner Rd.		22c. DATE SIGNED 11-24/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-25-61	23c. NAME OF CEMETERY OR CREMATOR mt moriah	23d. LOCATION (City, town, or county) (State) K.C. Mo.
24. FUNERAL DIRECTOR D.W. Newcomer's Sons	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 11-25-61	26. REGISTRAR'S SIGNATURE Ruth Long

AUG 14 1962

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address K.C. 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.