

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010535

042

1000

377

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAR 27 1963	
1. PLACE OF DEATH	
a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph	a. STATE Missouri b. COUNTY Buchanan
c. FULL NAME OF HOSPITAL OR INSTITUTION 1908 Savannah Ave.	c. CITY OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1908 Savannah Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First PATRICK Middle ANDREW Last NOONAN	4. DATE OF DEATH March 16 1963
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 2, 1885
9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) Retired Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Adams Transfer
11. BIRTHPLACE (City and state or country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William C. Noonan	13b. MOTHER'S MAIDEN NAME Kathryn Byrns
14. NAME OF HUSBAND OR WIFE Mrs. Lora M. Noonan	Address 1908 Savannah
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) No	17. INFORMANT Y NO. 37 Name Mrs. Lora M. Noonan Address St. Joseph, 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) Cerebral vascular accident INTERVAL BETWEEN ONSET AND DEATH 2 hours	
DUE TO (b) Hypertensive cardio-vascular disease 4 months	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous CVA in January 1963	
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 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 11/9/62 to 2/27/63 and last saw him alive on 2/27/63	
Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Herbert Curran M.D.	22b. ADDRESS 1302 Faraon St. Joseph, Mo
22c. DATE SIGNED 3/16/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/29/63
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR Stanley Turner ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 22, 1963
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF CURRAN, MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

VS-300 Rev. 4/59
15117
25117
3
4 0
5 1
6
7 1
8 2
9 443X
10
11
12 90-0
13 1-0

Permit issued 3-18-63

0-0-4
0-0-4

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.