

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. 7758

**FILED APR 12 1949**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 0289 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gallatin</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>xx</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. 10 North Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. 10 North K.C.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>	b. (Middle) <u>W</u>	c. (Last) <u>Noe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 11, 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>x</u> Days <u>x</u>	IF UNDER 24 HRS. Hours <u>x</u> Min. <u>x</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Union Co. Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Garrett Noe</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Mable Noe</u>
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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>xx</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs George Noe</u>	ADDRESS <u>R.R. 10 North K.C.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>420!</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Pate, M.D. Coroner</u> (Degree or title)	23b. ADDRESS <u>North Kansas City, Mo.</u>	23c. DATE SIGNED <u>4/12/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4/14-1949</u>	REGISTRAR'S SIGNATURE <u>Beverly Kitchener</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Morton-Smith's Funeral Home</u>	ADDRESS <u>No. K.C.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed 4-11-49

NOV 21 1952

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.

Signed Theron O Smith

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3928

P. O. Address Wath Kansas City 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 this body is not embalmed, fact should be so stated above.