

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. **5450**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Nevada</u> b. COUNTY <u>Washoe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reno</u>	
c. LENGTH OF STAY (in this place) <u>Underlying</u>		8270	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Noel</u> b. (Middle) <u>Wenn</u> c. (Last) <u>Blom</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1909</u>	9. AGE (in years last birthday) <u>41</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Do not know</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Do not know</u>	13b. MOTHER'S MAIDEN NAME <u>Do not know</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Do not know</u>	16. SOCIAL SECURITY NO. <u>Do not know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>St Mary's Hospital</u>
		ADDRESS <u>KCMO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 1/2 h</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ulcerative colitis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11-24-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ulcerative colitis</u> <u>Carcinoma of colon, metastasis to mesentery</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>Reno</u> (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8-22, 1950, to 12-24, 1950, that I last saw the deceased alive on 12-22, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.B. Campbell</u>	23b. ADDRESS <u>Kansas City Mo</u>	23c. DATE SIGNED <u>12-26-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>
DATE REC'D BY LOCAL REG. <u>12-26-50</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Jessantino Bjos</u>	
		ADDRESS <u>KCMO</u>	

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

Dr. F B Campbell
V. 3388

Prof. Aldy.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. S. Walton

Licensed Embalmer No. 2744

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