

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8706

State File No. 1252

1252

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		a. STATE <u>Kansas</u>		b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City 3 8150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>630 Shawnee Road</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Dennis</u>		b. (Middle) <u>Clarence</u>	c. (Last) <u>Nolan</u>	(Month) <u>3-</u>	(Day) <u>21-</u>	(Year) <u>1951</u>	
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>3-14-1879</u>	9. AGE (in years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cherry Business</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Daniel J. Nolan</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Lila Nolan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>513-09-0723</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs D.C. Nolan</u> ADDRESS <u>630 Shawnee Rd</u>			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of left lung</u>	<u>with metastasis to heart, pericardium and skeletal muscles.</u>					<u>6 mo.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					<u>3 mo.</u>
		DUE TO (c) _____					<u>1 mo.</u>
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.					<u>162X</u>
19a. DATE OF OPERATION <u>3-7-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Biopsy of growth on right arm</u>						
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ (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 <u>Jan 5, 1951</u> , to <u>Mar 21, 1951</u> , that I last saw the deceased <u>alive on Jan 20, 1951</u> , and that death occurred at <u>3:40 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. J. O'Connell</u> (Degree or title) _____			23b. ADDRESS <u>327 Maple Hldg. K.C. Mo.</u>			23c. DATE SIGNED <u>3-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>3-21-51</u>	REGISTRAR'S SIGNATURE <u>S. Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Katie Daniels</u> ADDRESS <u>1936 Mission</u>			

(Licensed Embalmer's Statement on Reverse Side)

R. B. Kansas

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

No. 300  
10-48

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 *Harold E. Eckhardt*

Licensed Embalmer No. *3035*

P. O. Address *H. C. Levens*

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.