

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1671

State File No. 169
Registrar's No.

FILED FEB 24 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 22 yrs.		d. STREET ADDRESS (If rural, give location) 412 W. 43rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 412 W. 43rd St.		e. STREET ADDRESS 412 W. 43rd St.	

3. NAME OF DECEASED (Type or Print) a. (First) William Robert Van Noy b. (Middle) William Robert Van Noy c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1953		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20, 1870	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Manchester, Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Robert M. Van Noy		13b. MOTHER'S MAIDEN NAME Clarica Pratt		14. NAME OF HUSBAND OR WIFE Ella Van Noy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Van Noy 412 W. 43rd St.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion DUE TO (b) coronary sclerosis and DUE TO (c) generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					Chronic Chronic 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from **1946**, 19___, to **1-12-**, 19**53**; that I last saw the deceased alive on **1-12-**, 19**53**, and that death occurred at **2:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Alvin Silvers, M.D.		23b. ADDRESS 702 S.W. Blvd K.C. Mo.		23c. DATE SIGNED 1-12-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/14/53		24c. NAME OF CEMETERY OR CREMATORY —	
24d. LOCATION (City, town, or county) (State) Manchester, Tennessee.					

DATE REC'D BY LOCAL REG 1-13-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. 18th & Benton	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Ernest L. Watkins

Licensed Embalmer No. 4500

P. O. Address: 18th & Benton

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.