

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5031**
Registrar's No. **590**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas city c. LENGTH OF STAY (in this place) 45 yr d. FULL NAME OF HOSPITAL OR INSTITUTION 2905 Campbell St. HOME		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas city d. STREET ADDRESS (If rural, give location) 6134 McGee St.	
3. NAME OF DECEASED (Type or Print) Noah		4. DATE OF DEATH (Month) (Day) (Year) Feb 3 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1870
9. AGE (In years last birthday) 84		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) Grocer		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Leavenworth Kans.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Simon Reuber		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Raechel		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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Garry	
17. ADDRESS 6134 McGee		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon with Metastases to Liver ANTECEDENT CAUSES Metastases to Liver Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		153X	
19a. DATE OF OPERATION Jan 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon	
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) _____		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 10</u> , 1954, to <u>Feb 3</u> , 1954, that I last saw the deceased alive on <u>Jan 25</u> , 1954, and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE Jack W. Wolf (Degree or title) M.D.		23b. ADDRESS 206 Apple Blk Kansas City Mo	
23c. DATE SIGNED 2/4/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan 5, 54		24c. NAME OF CEMETERY OR CREMATORY Sheffield	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo		25. FUNERAL DIRECTOR'S SIGNATURE J.P. Houis	
25. ADDRESS Homer, W.C. Mo.		DATE REC'D BY LOCAL REG. 2-5-54	
REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J.P. Houis	

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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 Ray Buffington

Licensed Embalmer No. 2756

P. O. Address K.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.