

STANDARD CERTIFICATE OF DEATH

12366

State File No. ....

BIRTH NO. FILED MAY 3 1954 REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 68

1. PLACE OF DEATH  
a. COUNTY JACKSON  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PRAIRIE TWP. (RURAL) c. LENGTH OF STAY (In this place) 10 Months  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PRAIRIE TWP. (RURAL) 7000

d. FULL NAME OF HOSPITAL OR INSTITUTION #50 Hi Way 3Mi East L.S. Mo d. STREET ADDRESS (If rural, give location) #50 Hi Way East Of Lee's Summit

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Julia Cairns b. (Middle) Noland c. (Last) Noland 4. DATE OF DEATH (Month) (Day) (Year) April 23, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH March 20, 1860 9. AGE (In years last birthday) 94 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY Fairberry, ILL. 11. BIRTHPLACE (State or foreign country) USA 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME John Cairns 13b. MOTHER'S MAIDEN NAME Salome White 14. NAME OF HUSBAND OR WIFE Oscar Noland Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs Jack Watt ADDRESS Lees Summit Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pneumonia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis 10 yrs.  
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 19b. MAJOR FINDINGS OF OPERATION 5021 20. AUTOPSY? YES  NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1954 to 4-24, 1954, that I last saw the deceased alive on 4-24, 1954 and that death occurred at 10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Christ Miller M.D. 23b. ADDRESS Lees Summit Mo 23c. DATE SIGNED 4-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 26, 54 24c. NAME OF CEMETERY OR CREMATORY Woodlawn 24d. LOCATION (City, town, or county) (State) Indep. Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4-26-54 N.B. Campbell 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McC Mitchell Independence Mo.

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep, 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.