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

FILED DEC 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40405

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 2012 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EXCELSIOR SPRINGS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN: EXCELSIOR SPRINGS
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 408 E. BROADWAY 600 2 0

3. NAME OF DECEASED (Type or Print): a. (First) ARTHUR b. (Middle) H. c. (Last) NOONAN

4. DATE OF DEATH (Month) NOV. (Day) 23 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 25, 1880
9. AGE (In years last birthday): 74 — 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): BARBER
10b. KIND OF BUSINESS OR INDUSTRY: BARBERING
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JOHN H. NOONAN
13b. MOTHER'S MAIDEN NAME: OLIVIA HANEY
14. NAME OF HUSBAND OR WIFE: ELIZABETH L. NOONAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 491-01-8018
17. INFORMANT'S SIGNATURE OR NAME: ELIZABETH NOONAN — **ADDRESS**: 408 E. BROADWAY, EXCELSIOR SPRINGS, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3-4 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arterial Sclerosis + Hypertension — INTERVAL BETWEEN ONSET AND DEATH: unknown
DUE TO (c): tension

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443 X
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) m.:
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* 10-22, 1953, *to* 11-23, 1954, *that I last saw the deceased alive on* 11-23-54, 19___, *and that death occurred at* 4:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: David Musgrave (Degree or title): M.D.
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 11-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-26-54
24c. NAME OF CEMETERY OR CREMATORY: CROWN HILL
24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS, MO.

DATE REC'D BY LOCAL REG.: 11-28-54
REGISTRAR'S SIGNATURE: Caroline Hutchinson 62-0
25. FUNERAL DIRECTOR'S SIGNATURE: Clause Prichard **ADDRESS**: Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1955

DEC 22 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 458

Excelsior Springs,

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.