

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4255**

BIRTH NO. _____ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **5291** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give town) Liberty-Rural	c. LENGTH OF STAY (in this place) 6 WKS	c. CITY OR TOWN Linden	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION J.O.O.F. HOSPITAL		STREET ADDRESS (If rural, give location) 169 Highway 6000	

3. NAME OF DECEASED (Type or Print) a. (First) BETTY b. (Middle) Folck c. (Last) NOONAN			4. DATE OF DEATH (Month) (Day) (Year) Feb 25 1955		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 24, 1871		9. AGE (In years last birthday) 84 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Daniel Folck		13b. MOTHER'S MAIDEN NAME MARY TYLER		14. NAME OF HUSBAND OR WIFE JAMES NOONAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W.J. NOONAN SR. Linden, MO	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH months	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		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) 4500	
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 **Jan 15, 1955**, to **Feb 25, 1955**, that I last saw the deceased alive on **Feb 25, 1955**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm J Gordon M.D. (Degree or title)			23b. ADDRESS Liberty mo.		23c. DATE SIGNED 2/25/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-28-55	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem		24d. LOCATION (City, town, or county) (State) Kansas City Mo	

DATE REC'D BY LOCAL REG. Feb 28, 1955	REGISTRAR'S SIGNATURE Mabel Graham 491		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Neukomiss Ave N. K.C. Mo		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed.....
Glenn D. Hill

Licensed Embalmer No... 458
P. O. Address... K.C. 167

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.