

FILED JUN 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15553

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2086

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
c. CITY OR TOWN <u>Kansas City</u>		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 <u>Research Hospital</u>		STREET ADDRESS (If rural, give location) <u>1219 Illinois</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>ELLEN</u>	
c. (Last) <u>NOLAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-12-55</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 20, 1865</u>	
9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 4 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (City, and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Madden</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Mulvihill</u>	
13c. NAME OF HUSBAND OR WIFE <u>John Nolan</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	
15. SOCIAL SECURITY NO. <u>492-18-3067</u>		17. INFORMANT'S SIGNATURE OR NAME <u>M.G. Nolan</u>	
16. ADDRESS <u>7219 Grand - K.C. Mo.</u>		18. CAUSE OF DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Auricular Fibrillation</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arterio Sclerotic Heart disease</u>	
II. OTHER SIGNIFICANT CONDITIONS		42	
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 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 <u>Mar 4</u> , 19 <u>55</u> , to <u>May 12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 12</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Don A. Black</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>924 Professional Bldg.</u>	
23c. DATE SIGNED <u>5/13/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-13-55</u>	
REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Shelley M. Helley</u>	
ADDRESS <u>Shelley M. Helley - E. 9th - K.C. Mo.</u>		ADDRESS <u>Shelley M. Helley - E. 9th - K.C. Mo.</u>	

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

Mr. & Mrs. Black
Fun of 7 Bldg. - Hill
11-5

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 *Arthur Eugene Cook*

Licensed Embalmer No. *4912*

P. O. Address *K.C.*

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.