

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1411

STATE FILE NUMBER

14

FILED JAN 22 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 14

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			Length of stay in hospital <u>1 yr.</u>		d. STREET ADDRESS <u>8228 Summit</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u></u> Last <u>Noller</u>				4. DATE OF DEATH Month <u>1</u> Day <u>3</u> Year <u>57</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5-8-85</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - owner Clothing Store Tonganoxie, Mo.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing Store Tonganoxie, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>Paxico, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Phillip Noller</u>				14. MOTHER'S MAIDEN NAME <u>Rose Shuck</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>515-32-5809</u>		17. INFORMANT <u>Arthur A. Noller 8228 Summit</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 years 5 yrs 4200</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Feb 2 1957</u> and last saw <u>him</u> alive on <u>1-2-57</u> Death occurred at <u>7:30 A m</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ed Petry M.D.</u>				22b. ADDRESS <u>701 E 63rd St. Kansas City Mo</u>		22c. DATE SIGNED <u>1-3-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Jan 5, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hartbell Hill Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Tonganoxie Kansas</u>		
24. FUNERAL DIRECTOR <u>C Hervey Quisenberry</u>		ADDRESS <u>Tonganoxie Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-3-57</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshell</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
E. I. Petry

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 *C. Hervey Jensen*.....

Licensed Embalmer No. *40*

P. O. Address *Tongano*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.