THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021250
STATE FILE NUMBER

FILED JUN 28 1957

47572-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2664

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes XX No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes XX No
d. STREET ADDRESS (If outside, give location) 3828 Genessee — Reside on Farm Yes No X

3468

3. NAME OF DECEASED (Type or print) First — Middle — Last Noack

4. DATE OF DEATH Month 6 Day 5 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED NEVER MARRIED XX WIDOWED DIVORCED

8. DATE OF BIRTH June 4, 1957

9. AGE (In years last birthday) — IF UNDER 1 YEAR Months Days 7 — IF UNDER 24 HRS. Hours ~~25~~ Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Leonard E. Noack

13b. MOTHER'S MAIDEN NAME Grace Marie Henry

14. NAME OF HUSBAND OR WIFE none

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. none

17. INFORMANT Grace Noack — Address 3828 Genessee

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH — 7hr

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 June 4, 1957, to June 5, 1957 and last saw him alive on June 5, 1957
Death occurred at 10:05 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. I. Burns, M.D. (Degree or title)

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 6-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE June 8-57

23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery

23d. LOCATION (City, town, or county) (State) Odessa Lafayette Mo.

24. FUNERAL DIRECTOR Ralph O. Jones — ADDRESS Odessa Mo.

25. DATE RECD. BY LOCAL REG. 6-6-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

B. I. Burns

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. ~~#604~~ working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, Tx

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.