

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44645
STATE FILE NUMBER
5708

FILED DEC 18 1957

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 5708

S. 300
v. 1-57

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| 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 checked="" 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>St. Lukes Hosp</u> | | Length of stay in 1b <u>23 YEARS</u> | d. STREET ADDRESS (If outside, give location) <u>3954 Wyandotte</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Joseph S.</u> Middle <u>Van Noy</u> Last <u>Van Noy</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1957</u> | | |
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| 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>Dec 15, 1898</u> | 9. AGE (In years last birthday) <u>57.58</u> | 10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | 11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Clerk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office Dept.</u> | 11. BIRTHPLACE (City and state or country) <u>NORWOOD, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>JOHN CAMPBELL VAN NOY</u> | 13b. MOTHER'S MAIDEN NAME <u>SARAH JANE ARNOLD</u> | 14. NAME OF HUSBAND OR WIFE <u>EVA VAN NOY</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT Address <u>MRS. EVA VAN NOY, 3954 WYANDOTTE, K.C. MO.</u> |
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| 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>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| | DUE TO (c) <u>Arteriosclerosis, Generalized</u> INTERVAL BETWEEN ONSET AND DEATH <u>years +</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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.) |
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| 20c. TIME OF INJURY Hour <u>9:30</u> Month <u>11</u> Day <u>29</u> Year <u>1957</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>K City, Mo</u> | COUNTY <u>Lincoln</u> | STATE <u>KANSAS</u> |
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| 21. I attended the deceased from Death occurred at <u>K City, Mo.</u> <u>24-57</u> to <u>11/29/57</u> and last saw <u>her</u> him alive on <u>11/29/57</u> <u>9:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>Arnold V. Arms</u> (Degree or title) <u>0</u> | 22b. ADDRESS <u>4625 Wyandotte K City, Mo</u> | 22c. DATE SIGNED <u>11/30/57</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>DEC. 2, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. SIDNEY CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>LINWOOD KANSAS</u> |
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| 24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u> ADDRESS <u>1371 Birch Creek Kansas City, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>12-2-57</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> |
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Arnold V. Arms

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 *Raymond M. Hardy*

Licensed Embalmer No. *4913*
P. O. Address *Indep. Mo.*

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.