Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009800
STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Independence — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Jude Rest Home — Length of stay in Ib: 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence 7005 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 16511 Salisbury Rd — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)
First: Rose Middle: — Last: Nolan

4. DATE OF DEATH Month: 3 Day: 8 Year: 1959

5. SEX: Female **6. COLOR OR RACE:** White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: 10/13/1888

9. AGE (In years last birthday): 70 — 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 country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Herman Keller

13b. MOTHER'S MAIDEN NAME: Bridget Dudley

14. NAME OF HUSBAND OR WIFE: James Nolan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: St. Jude Rest Home, Mrs. Grosclose, mgr.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic Myocarditis	2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arteriosclerosis	6 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4.2.21

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2.

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 1-1-59 to 3.8.59 and last saw her/him alive on 3-8-59
Death occurred at 9 30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Paul Lawrenzana MD

22b. ADDRESS: 428 S. White Ave

22c. DATE SIGNED: 3.8.59

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

23b. DATE: March 10, 1959

23c. NAME OF CEMETERY OR CREMATORY: St. Marys

23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR: Ripley-Hunton

ADDRESS: Raytown, Mo.

25. DATE RECD. BY LOCAL REG.: 3-10-59

26. REGISTRAR'S SIGNATURE: James L. Lyons

(Licensed Embalmer's Statement on Reverse Side)

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 John R. Sidm

Licensed Embalmer No. 4531

P. O. Address Kansas 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.