DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1959

59–032506
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1601 Registrar's No. 4668

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b 66yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2800 Park
Inside Limits Yes X No ☐

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 X No ☐
d. STREET ADDRESS (If outside, give location) 2800 Park
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First ARMIE Middle E. Last NOLAND
4. DATE OF DEATH Month 9 Day 23 Year 59
5. SEX male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 6-4-1892
9. AGE (last birthday) 67
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY laborer
11. BIRTHPLACE (City and state or country) Leavenworth, Kans.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charles Noland
13b. MOTHER'S MAIDEN NAME Fannie Williams
14. NAME OF HUSBAND OR WIFE Maud C. Noland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 487-03-6222
17. INFORMANT Delores J. Chandler Address 2427 Troost

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 mi
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — 15 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 July 15, 1957 to Aug 23, 1959 and last saw her/him alive on Aug 23, 1959
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Emmett F. Walls

22a. SIGNATURE Emmett F. Walls (Degree or title)
22b. ADDRESS 2628 Troost
22c. DATE SIGNED 9-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9-26-59
23c. NAME OF CEMETERY OR CREMATORY Lincoln
23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Watkins Bros. Fu. Home ADDRESS 18th Benton
25. DATE RECD. BY LOCAL REG. 9-25-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

VS JUN 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 450

P. O. Address 18th Bent

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