

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 1 1 1960

60-014063

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax mo</u>	Length of stay in 1b <u>36 hrs</u>	c. CITY OR TOWN <u>Rock-Port mo</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>Fairfax Hospital</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Eugene</u> Middle <u>Warren</u> Last <u>Noah</u>			4. DATE OF DEATH Month <u>apr.</u> Day <u>28</u> Year <u>1960</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>oct 26-1894</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>plumbing</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Langdon mo</u>	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>John C. Noah</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Parks</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie Noah</u>	
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>491-24-6203</u>	17. INFORMANT Address <u>Elsie Noah - Rock-Port mo</u>		

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>acute cor pulmonale</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>idiopathic pulmonary fibrosis 10 yrs</u>	
	DUE TO (c) <u>unknown etiology (Hämmer-Richardson)</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Progressive atrophic lateral sclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			

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 <u>Rock-Port mo</u>	COUNTY <u>atchison</u>	STATE <u>mo</u>
21. I attended the deceased from <u>1947</u> to <u>Apr 28-1960</u> and last saw him alive on <u>Apr 28, 1960</u> Death occurred at <u>6:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Ernest Little, M.D.</u> (Degree or title)		22b. ADDRESS <u>Rock-Port mo</u>	22c. DATE SIGNED <u>Apr 29, 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>apr. 30/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>South Rock-Port mo</u>
24. FUNERAL DIRECTOR <u>Betham Funeral Home - Rock-Port mo</u>	ADDRESS <u>Rock-Port mo</u>	25. DATE RECD. BY LOCAL REG. <u>May 3, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Nervin N. Schoeder</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. E. Bentham

Licensed Embalmer No. 1764

P. O. Address Rocky Point

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.