

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **1356**  
 Registrar's No. **326**

FILED FEB 14 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K.C. General Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8300 Flora</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>			b. (Middle) <b>RAY</b>		c. (Last) <b>MOOMEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 22 49</b>		
5. SEX <b>Ma</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 3, 1886</b>		9. AGE (In years last birthday) <b>63</b> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Grocer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>xx</b>		11. BIRTHPLACE (State or foreign country) <b>Blue Mound, Illinois</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Chas. H. Moomey</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy E. Feaser</b>			14. NAME OF HUSBAND OR WIFE <b>Lula Moomey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>xx</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Iris Moore</b>		ADDRESS <b>15 W. 85th, KC Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Phosphorous Poisoning</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Sodium fluoride Intoxication</b> <b>Surg. Report E 9710</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Coronary Occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>17 3</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Post at General Hospital</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide at home</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Mo.</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 - 21 - 49 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Poison (rat poison)</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4 A.</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>Hugh H. Owens Coroner</b>				23b. ADDRESS <b>1034 Oak St Bldg</b>		23c. DATE SIGNED <b>1-22-49</b>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-24-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-22-49</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JTWagner</b>		ADDRESS <b>K.C. Mo.</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(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 \_\_\_\_\_

*Eugene L. Kennon*

Student Embalmer No. 217

working under my personal supervision.

Signed *Eugene L. Kennon*  
Student Embalmer

Signed *Alvin R. Haunschild*

Licensed Embalmer No. 4159

P. O. Address Kansas City

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 this body is not embalmed, fact should be so stated above.