

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1523**

FILED FEB 2 1949

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5369 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Brooking Township		c. LENGTH OF STAY (in this place) 56 years		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Brooking Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #3 Kansas City, Missouri				d. STREET ADDRESS (If rural, give location) RFD #3 Kansas City, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Elizabeth c. (Last) Moran			4. DATE OF DEATH Month January Day 23 Year 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 29, 1867		9. AGE (in years last birthday) 81	IF UNDER 1 YEAR Days 7	IF UNDER 24 Hrs. Min. 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign country) Jackson County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Phillip Lahey		13b. MOTHER'S MAIDEN NAME Mary Labart		14. NAME OF HUSBAND OR WIFE Patrick Moran Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Ann Moran RFD #3 Kansas City, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis					INTERVAL BETWEEN ONSET AND DEATH 18 mo	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic endocarditis						
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 42 1/2					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April</u> , 1949, to <u>Jan 23</u> , 1949, that I last saw the deceased alive on <u>Jan 23</u> , 1949, and that death occurred at <u>2:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Luella R. Comer D.O.			23b. ADDRESS Raytown, Mo		23c. DATE SIGNED 1/27/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 25, 1949	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Missouri			
DATE REC'D BY LOCAL REG. Jan 24-49		REGISTRAR'S SIGNATURE Alvin [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Funeral Home, Indep. Mo.			

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
Student Embalmer

Signed *R. A. Lisle*

Licensed Embalmer No. 4123

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.