

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16876

Registrar's No. 2332

|  |  |  |  |  |  |   |  |
|--|--|--|--|--|--|---|--|
| BIRTH NO.  |  | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No. 2332                                      |  |
| 1. PLACE OF DEATH  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).   |  |   |  |
| a. COUNTY<br>Jackson   |  | b. CITY (If outside corporate limits, write RURAL and give township)<br>Kansas City                                |  | a. STATE<br>Missouri   |  | b. COUNTY<br>Jackson                                      |  |
| c. LENGTH OF STAY (in this place)<br>40 yrs.   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>Kansas City                                |  | d. STREET ADDRESS (If rural, give location)<br>4417 Jarboe   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>General Hospital No. 1  |  |  |  | 3. NAME OF DECEASED  |  |   |  |
| a. (First)<br>Edward   |  | b. (Middle)<br>M.  |  | c. (Last)<br>Moore   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br>5 22 50          |  |
| 5. SEX<br>Male   |  | 6. COLOR OR RACE<br>White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married  |  | 8. DATE OF BIRTH<br>Oct 3, 1880                           |  |
| 9. AGE (in years last birthday)<br>69  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Machinist - Retired |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>M.T.R.R.  |  | 11. BIRTHPLACE (State or foreign country)<br>Orrick, Mo.  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.   |  | 13a. FATHER'S NAME<br>Charles M. Moore   |  | 13b. MOTHER'S MAIDEN NAME<br>Minerva Mitchell  |  | 14. NAME OF HUSBAND OR WIFE<br>Susie D. Moore             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |  | 16. SOCIAL SECURITY<br>993-14-8283   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Susie D. Moore  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  |  |  | MEDICAL CERTIFICATION  |  |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |   |  |
| ANCECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |  |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>Diabetes mellitus |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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)  |  | 21f. HOW DID INJURY OCCUR?                                |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 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 May 1, 1950, to May 22, 1950, that I last saw the deceased alive on May 22, 1950, and that death occurred at 11:35 a.m., from the causes and on the date stated above.  |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br>B.I. Burns   |  |  |  | 23b. ADDRESS<br>24th & Cherry  |  | 23c. DATE SIGNED<br>5-23-50                               |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>5/25/50   |  | 24c. NAME OF CEMETERY OR CREMATORY<br>Forest Hill  |  | 24d. LOCATION (City, town, or county) (State)<br>K.C. Mo. |  |
| DATE REC'D BY LOCAL REG.<br>5-24-50  |  | REGISTRAR'S SIGNATURE<br>A. Geraldine Holmes   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Gates Funeral Home   |  | ADDRESS<br>K.C. Mo.                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

*to  
Bureau*

**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 *Jimmy S. Neukhron*  
Licensed Embalmer No. *4092*

P. O. Address *Missouri, Kansas*

**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.