S. No. 300
V. 10.48

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

FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20358

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2692

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 7532 Walnut 39 1/2

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Della
c. (Last): Moffet

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 10, 1874
9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oskaloosa, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Lewis J. Moffet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Bernard Moffet — ADDRESS: 7532 Walnut

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bilateral pulmonary emboli — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) fracture neck of left femur — 1 wk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* diabetes mellitus — unknown

19a. DATE OF OPERATION: 6-15-50
19b. MAJOR FINDINGS OF OPERATION: fracture neck of left femur
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 7, 1950 7P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: fell at home

22. *I hereby certify that I attended the deceased from* June 7, *19*50, *to* June 15, *19*50, *that I last saw the deceased alive on* June 15, *19*50, *and that death occurred at* 11:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Vilmer (Degree or title) MD — Charles E. Vilmer
23b. ADDRESS: 1216 Prof. Bldg.
23c. DATE SIGNED: 6-17-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-17-1950
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 6-17-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: D. W. Newcomer's Sons 1331 Brush Creek

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING B

death. It means the disease, injury, or complication which caused death.

the underlying cause last.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — unknown

19a. DATE OF OPERATION: 6-15-50
19b. MAJOR FINDINGS OF OPERATION: Fracture - neck of left femur
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 7 1950 7P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Fell at home.

22. *I hereby certify that I attended the deceased from* June 7, *19*50, *to* June 15, *19*50, *that I last saw the deceased alive on* June 15, *19*50, *and that death occurred at* 11:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles E. Vilmer (Degree or title)
23b. ADDRESS: 1216 Professional Bldg
23c. DATE SIGNED: 6/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE-17-1950
24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 6-17-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Doyle L Daniel

Signed.....
Student Embalmer

Licensed Embalmer No. 4702

P. O. Address Jamesville - 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.