

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27213

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		State File No. _____		Registrar's No. <u>352</u>						
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>0484</u>										
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9904 Winner Road</u>				d. STREET ADDRESS (If rural, give location) <u>9904 Winner Road</u>										
3. NAME OF DECEASED (Type or Print) <u>MARY BELLE MOORE</u>			a. (First) <u>MARY</u>			b. (Middle) <u>BELLE</u>			c. (Last) <u>MOORE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 28, 1859</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>		IF UNDER 14 Hrs. Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Beardstown, Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Benjamin F. Elliott</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Washington Curry</u>				14. NAME OF HUSBAND OR WIFE <u>LeRoy S. Moore</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>				16. SOCIAL SECURITY NO. <u>no</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Ross H. Moore</u> ADDRESS <u>Independence, Mo.</u>						
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u> ANTECEDENT CAUSES <u>vascular Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>X</u> DUE TO (c) <u>X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>4221</u>		
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____				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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>Thomas J. Grasse, M.D.</u>						23b. ADDRESS <u>Independence, Mo.</u>			23c. DATE SIGNED <u>9/1/50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>9/5/50</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington Cem.</u>			24d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>Sept. 2, 1950</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland R. Speaks</u>			ADDRESS <u>Independence, Mo.</u>					

(Licensed Emballer's Statement on Reverse Side)

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

SEP 5 REOD

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 Stanley M. Seaton

Licensed Embalmer No. 4504

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.