

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29494**

FILED OCT 13 1950

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1107

0117

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</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>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3008</u>	
c. LENGTH OF STAY (In this place) <u>5 mo 20 day</u>		d. STREET ADDRESS (If rural, give location) <u>Muehlebach Hotel 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Burniece</u> b. (Middle) _____ c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>unknown</u>
9. AGE (In years last birthday) <u>59 Y.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher (Retired)</u>	11. BIRTHPLACE (State or foreign country) <u>not given</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>not given</u>		13b. MOTHER'S MAIDEN NAME <u>not given</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Person D. McElroy</u> ADDRESS <u>Public Administrator</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. ACCIDENT SUICIDE HOMICIDE		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 (Month) (Day) (Year) (Hour) OF INJURY	
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>Aug 1</u> , 19 <u>50</u> , to <u>Sept 20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 19</u> , 19 <u>50</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Forrest Thomas M.D.</u>		23b. ADDRESS <u>At Grace Mt. of State Hosp No. 2</u>	
23c. DATE SIGNED <u>9/20/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Sept. 28, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>Osteopathy College of</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirkville, Missouri</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Halter Meierhoff</u> ADDRESS <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 3 1950</u>		REGISTRAR'S SIGNATURE <u>E. L. Jenkins 382</u>	

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 *Raymond W. Morehead*

Licensed Embalmer No. 4413 Missouri.

P. O. Address. St. Joseph, Missouri

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.