

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 336229
4133

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

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany	
c. LENGTH OF STAY (in this place) 5 days		d. STREET ADDRESS (If rural, give location) 0391	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) FAYE b. (Middle) MARIE c. (Last) MOORE			4. DATE OF DEATH (Month) (Day) (Year) 9 30 50		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2-18-1908	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (State or foreign country) Hatfield, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jasper G.W. Moore		13b. MOTHER'S MAIDEN NAME Amanda Zimmerman		14. NAME OF HUSBAND OR WIFE XX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No XX		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Moore, 311 N. Jackson, K.C. Mo.	

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		INTERVAL BETWEEN ONSET AND DEATH 3 days 14 mo. 1701	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Scirrhus carcinoma of right breast with metastasis. DUE TO (c)			
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 9-25, 1950 to 9-30, 1950, that I last saw the deceased alive on 9-30, 1950 and that death occurred at 11:26 A. m., from the causes and on the date stated above.

23a. SIGNATURE W.M. Fowler (Degree or title) <i>W.M. Fowler, Jr.</i>	23b. ADDRESS 1324 Main, K.C. Mo.	23c. DATE SIGNED 9/30/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-30-50	24c. NAME OF CEMETERY OR CREMATORY New Hampton Cemetery
24d. LOCATION (City, town, or county) (State) New Hampton Mo.		

DATE REC'D BY LOCAL REG. 10-1-50	REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J.W. Wagner, K.C. Mo.</i>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

1326 Main
7/A 2846

056108 1200

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

Ralph Baughman

working under my personal supervision.

Student Embalmer No. 357

Signed *Ralph Baughman*
Student Embalmer

Signed *Alvin R. Hauensche*

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.