

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20285

State File No. _____

2735

No. 300
10.48

FILED JUL 7 - 1951

BIRTH NO. _____		REG. DIST. NO. <u>189</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>34 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7922 Bellevue AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>7922 Bellevue AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTIE</u>		b. (Middle) <u>Fitch</u>		c. (Last) <u>Moffett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-25-51</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Dec. 3, 1868</u>		9. AGE (In years last birthday) <u>82</u> if UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>orchid gift shop</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Daniel A. Gilbert</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH FRANCES BOONE</u>		14. NAME OF HUSBAND OR WIFE <u>Robert H. Moffett</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 ADDRESS <u>Mrs Vera A. Moffett 5419 Harrison K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart disease</u> DUE TO (c) <u>advanced age</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>7 yrs.</u>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? 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)			
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 <u>June 9, 1946</u> to <u>June 25, 1951</u> , that I last saw the deceased alive on <u>June 25, 1951</u> and that death occurred at <u>8:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Paul Wright, MD</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1824 Prof. Bldg. Kansas City - Mo.</u>		23c. DATE SIGNED <u>June 26, '51</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>6-27-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>MOBERLY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-27-51</u>		REGISTRAR'S SIGNATURE <u>S. Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Basil V. Honey*

Licensed Embalmer No. *4724*

P. O. Address *Eschland, 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.