

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41746  
5298

FILED DEC 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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) OR <u>Kansas City</u> c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>1521 Wabash</u> <u>3250</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle)	c. (Last) <u>Moreland</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>12 8 51</u>	5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>
8. DATE OF BIRTH <u>May 23, 1889</u>	9. AGE (In years last birthday) <u>62</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Sid. Co., Ill.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	13a. FATHER'S NAME <u>Hench Birch</u>
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Reed</u>	13c. NAME OF HUSBAND OR WIFE <u>Richard Moreland</u>	14. NAME OF HUSBAND OR WIFE <u>Richard Moreland</u>	14. ADDRESS <u>1521 Wabash</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard Moreland</u>	17. ADDRESS <u>1521 Wabash</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus-Gangrene of legs, bil. Infected amputated stump-Decubital ulcers</u> 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"/>
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) (Min.)
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>Nov. 15, 1951</u> , to <u>Dec. 8, 1951</u> , that I last saw the deceased alive on <u>Dec. 8, 1951</u> , and that death occurred at <u>10:15 Am.</u> , from the causes and on the date stated above.	23a. SIGNATURE <u>D. Stratemeier</u> (Degree or title) <u>MD</u>
23b. ADDRESS <u>24th &amp; Cherry</u>	23c. DATE SIGNED <u>12-10-51</u>	24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-10-51</u>
24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	DATE REC'D BY LOCAL REG. <u>12-10-51</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary &amp; Chapel</u>	25. ADDRESS <u>K. C. Mo.</u>	(Licensed Embalmer's Statement on Reverse Side)	

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

*A. Barnes*

---

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 *Clayton J. Barnes*

Licensed Embalmer No. *4793*

P. O. Address *Stans. City, M*

- 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.