

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8484

State File No.

No. 300
10.48

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1045

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

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>1 month</u> | | d. STREET ADDRESS (If rural, give location) <u>2839 Troost Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Troost Avenue Nursing Home</u> | | (If rural, give location) | |

3428

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>E.</u> c. (Last) <u>MOFFATT</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1952</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>—</u> | 8. DATE OF BIRTH <u>Apr 19 1897</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>3</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>2 -</u> | | 11. BIRTHPLACE (State or foreign country) <u>London England</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>?</u> |

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| 13a. FATHER'S NAME <u>Joe. Moffatt</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Britt</u> | 14. NAME OF HUSBAND OR WIFE <u>?</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>?</u> | 16. SOCIAL SECURITY NO. <u>?</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Provoct Ave. Nursing Home 2839 Troost</u> |
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| 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>Congestive heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>+ Broncho pneumonia 2-28-52</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>H2 2</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Feb 20, 1952, to Mar 3, 1952, that I last saw the deceased alive on Mar 1, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Amin Boutros</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>416 aryleth K.C. Mo</u> | 23c. DATE SIGNED <u>3-4-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3-6-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>—</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| DATE REC'D BY LOCAL REG <u>3-5-52</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u> | ADDRESS <u>Kansas City, Mo.</u> |
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Dr. A. Bontrous

Y. 0349

3112 Limited

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

Adrian Jay Ditt

Licensed Embalmer No.

4882

P. O. Address

K. C., 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.