No. 300
10.48

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8487
Registrar's No. 1181

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 1 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Overland Park 4/150
d. STREET ADDRESS (If rural, give location) 5700 West 69th St.

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) W.
c. (Last) MOORE

4. DATE OF DEATH (Month) (Day) (Year) March 9, 1952

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-7-1889
9. AGE (In years last birthday) 62 — 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) Retired-accountant
10b. KIND OF BUSINESS OR INDUSTRY accounting
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Abiram C. Moore
13b. MOTHER'S MAIDEN NAME Mary Carter
14. NAME OF HUSBAND OR WIFE Mrs. Maud E. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 510-07-1066
17. INFORMANT'S SIGNATURE OR NAME KS. **ADDRESS** Mrs. Maud E. Moore, 5700 W. 69th St. Overland Pk.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardio Vascular disease — 20 years

DUE TO (c) cerebral embolism — 2 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

42.01

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1939, 19__, *to* 9 March, 1952, *that I last saw the deceased alive on* 9 March, 1952, *and that death occurred at* about 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE K. W. Carbaugh (Degree or title) MD
23b. ADDRESS Mission, Kan
23c. DATE SIGNED 11 March 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-12-52
24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery
24d. LOCATION (City, town, or county) (State) Drexel, Missouri

DATE REC'D BY LOCAL REG. 3-12-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS STINE & McCLURE, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. K. W. Carbaugh
5615 Johnson Dr.
Overland Pk. Ks.
He 4222

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 F. S. Walton

Licensed Embalmer No. 2744

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.