S. No. 300
v. 10.48

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12376

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3012 Registrar's No. 44

242
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1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Mo.
c. LENGTH OF STAY (in this place): 11 mo. 7 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital Excelsior Springs, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3008
d. STREET ADDRESS (If rural, give location): General Delivery /

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): –
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: October 12, 1910
9. AGE (In years last birthday): 41 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Columbus, Ohio /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Paul Moore
13b. MOTHER'S MAIDEN NAME: Hazel Coluige
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 718018339
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Hospital Records, Veterans Administration Hospital, Excelsior Springs, Missouri

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): Tuberculosis, pulmonary, far advanced active, bilateral, with cavitation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): --
DUE TO (c): --

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: --

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: -- -- 002X
20. AUTOPSY? YES [X] 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* Apr. 24, 1951, *to* Mar. 30, 1952, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 12:50p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H. Bailey M.D.
23b. ADDRESS: Excelsior Springs, Missouri
23c. DATE SIGNED: 4-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 4-1-52
24c. NAME OF CEMETERY OR CREMATORY: U.A.
24d. LOCATION (City, town, or county) (State): Toledo Ohio

DATE REC'D BY LOCAL REG.: 4/1/52
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Dr. Mon Crunk Cameron, Mo.

(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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop Sno.

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.