

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9994

State File No. _____

FILED MAR. 27 1953

1411

BIRTH NO. _____		REG. DIST. NO. <u>199</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1411</u>					
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 town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		2138					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>623 EUCLID AVENUE LWELLEN NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>715 EAST-9TH STREET</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>TOM</u>		b. (Middle) <u>C</u>		c. (Last) <u>MOORE, SR.</u>					
4. DATE OF DEATH		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>					
8. DATE OF BIRTH <u>MAY-23-1871</u>		9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ASSESSOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BELLEVILLE INDIANA</u>					
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>ALFRED MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>496-09-465 ROSENBERG</u>		14. NAME OF HUSBAND OR WIFE <u>JOA PARISH MOORE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>TOM C. MOORE, JR.</u> ADDRESS <u>40 S. MONTGALL AVE. KANSAS CITY, 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				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				ANTECEDENT CAUSES				<u>34m</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerosis</u>				<u>34m</u>			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS				<u>4500</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			
19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>1-9-51</u> , 19 <u> </u> , to <u>3-6-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-6-53</u> , 19 <u> </u> , and that death occurred at <u>3:10 P.</u> m., from the causes and on the date stated above.				23a. SIGNATURE OF <u>Frank Paul Lawrence</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>428 S. White Ave</u>	
23c. DATE SIGNED <u>3-6-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>MAR-9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>3-9-53</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer's Sons</u>		ADDRESS <u>1331-13th Street KANSAS CITY, Mo.</u>					

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. 4224

P. O. Address Dashland, 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.