

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **14375**
2016

BIRTH-NO. **MAY 8 1953** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 12 yrs		3508	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3415 Gillham Road		d. STREET ADDRESS (If rural, give location) 3415 Gillham Road	

3. NAME OF DECEASED a. (First) ANNIE b. (Middle) MOON c. (Last) MOON			4. DATE OF DEATH (Month) 4 (Day) 14 (Year) 53			
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		
8. DATE OF BIRTH 2-26-1861		9. AGE (In years last birthday) 92		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) At Home			10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and State or Foreign Country) Lockport, N.Y. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.						

13a. FATHER'S NAME Joseph Day		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE John Moon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Rilla McCormick	
ADDRESS 3415 Gillham Rd					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema					INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					10 yrs 10 yrs 2 wks	
		DUE TO (b) Arterio-sclerotic Heart Disease						
		DUE TO (c) Hypertension						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Cerebral Sclerosis 4200					2 wks	
		Cerebral Thrombosis						
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)		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 2-14-1947 to 4-14, 1953 that I last saw the deceased alive on 4-14, 1953 and that death occurred at 9:15 PM from the causes and on the date stated above.

23a. SIGNATURE Don Carlos Pate (Degree or title)		23b. ADDRESS 1500 Prof. Bldg		23c. DATE SIGNED 4-15-53	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 4-16-53		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Breckenridge, Mo.					

DATE REC'D BY LOCAL REG. 4-15-53		REGISTRAR'S SIGNATURE Heraldine Smith		
25. FUNERAL DIRECTOR'S SIGNATURE J. H. Wagner			ADDRESS K 6 Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

5-11-1945

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 Alvin R. Haunsch

Licensed Embalmer No. 4159

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.