b. 300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21642

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3049

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): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph 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): Leawood
d. STREET, ADDRESS (If rural, give location): 9421 Manor Road

8158

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. JESSIE
b. (Middle): MOORE
c. (Last): McPHERRIN

4. DATE OF DEATH (Month) (Day) (Year): 6-15-53

5. SEX: Fe
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 29, 1857
9. AGE (In years last birthday): 96 | 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Eddyville, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: N. B. Moore
13b. MOTHER'S MAIDEN NAME: Berlinda Webster
14. NAME OF HUSBAND OR WIFE: Samuel C. McPherrin

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.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Howard L. Bayne, 9421 Manor Road K.C.13, MO.

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture neck L. femur — 6 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9050 20

19a. DATE OF OPERATION: 6-11-53
19b. MAJOR FINDINGS OF OPERATION: L. femur pinned
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Leawood Johnson Kans
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-10-53 3:00 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR: Fell on carpet

22. *I hereby certify that I attended the deceased from* 6-16, 1953, *to* 6-16, 1953, *that I last saw the deceased alive on* 6-15, 1953, *and that death occurred at* 6:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul Erick, M.D. **(Degree or Title)**
23b. ADDRESS: 500 Prof. Bldg.
23c. DATE SIGNED: 6-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-17-53
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 6-16-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: STINE & McCLURE
ADDRESS: K.C.MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Paul Fricks
800 Prof. Bldg.
Gr. 1197
In chart 11:30

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 KC 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.