

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 805

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>607 No. 13th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>D.O.A. St. Joseph's Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>KINSEY</u>	c. (Last) <u>MOORE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1953</u>
-------------------------------------	------------------------	---------------------------	------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 30, 1866</u>	9. AGE (In years last birthday) <u>86</u>	# UNDER 1 YEAR Months	# UNDER 6 MONTHS Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
--------------------	-------------------------------	---	---------------------------------------	---	-----------------------	-----------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Western Tablet Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>John Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Hester Ann Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Moore</u>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-10-9688</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Sallie Galton</u>	ADDRESS <u>St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Aortic Insufficiency</u> DUE TO (c) <u>General Atherosclerosis</u>		<u>2-3 yrs</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Man collapsed while walking on north 13th St. and was dead on arrival at the St. Joseph's Hosp.</u>		<u>4-211</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	<u>on north 13th St. and was dead on arrival at the St. Joseph's Hosp.</u>	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) m.	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 June 30, 1953, to July 18, 1953, that I last saw the deceased alive on June 30, 1953 and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mundy M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>7-18-53</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 21, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>July 23, 1953</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer-Fleeman Inc.</u>	ADDRESS
---	--	--	---------

(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 Albert A. Harrington

Licensed Embalmer No. 3258 Mo

P. O. Address St. Joseph 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.