

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25025**
3119

FILED JUL 17 1953

BIRTH NO. _____ 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 OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 19 YEARS		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1				e. STREET ADDRESS (If rural, give location) 5409 THE PASEO					
3. NAME OF DECEASED (First) Thomas		b. (Middle)		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) June 17 53			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT-26-1898			
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR & OWNER		10b. KIND OF BUSINESS OR INDUSTRY RECORDS DISTRIBUTOR		11. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME CHARLES THOMAS MOORE JR.		13b. MOTHER'S MAIDEN NAME ADA MESSER		14. NAME OF HUSBAND OR WIFE MARGARET MOORE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-05-5591		17. INFORMANT'S SIGNATURE OR NAME MRS. MARGARET MOORE ADDRESS 5409 THE PASEO KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple areas of interstitial hemorrhage; encephalacia of the cerebrum.				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				332 1/2	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		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>June 15</u> , 19 <u>53</u> , to <u>June 17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>June 17</u> , 19 <u>53</u> , and that death occurred at <u>3:25 a.</u> , from the causes and on the date stated above.									
23a. SIGNATURE B. I. Burns (Signature or title) M.D.				23b. ADDRESS 24th & Cherry Sts.		23c. DATE SIGNED 6/17/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE-19-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 6-19-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE S. H. Newsome ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO					

(Licensed Embalmer's Statement on Reverse Side)

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

233 P

serial 12

AA...

EM

AM 193...

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.....
Signature of Student Embalmer

Signed *Robert P. Herron*

Licensed Embalmer No. *4183*

P. O. Address *R. P. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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