No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28475

FILED AUG 27 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3971

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): 33 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 6813 E. 12th St. 3218 0

3. NAME OF DECEASED (Type or Print)
a. (First): MOODY
b. (Middle): ~~[illegible]~~ MARK
c. (Last): ALBERT

4. DATE OF DEATH (Month) (Day) (Year): Aug 9, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 20, 1877
9. AGE (In years last birthday): 76 yrs
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): Metal Worker.
10b. KIND OF BUSINESS OR INDUSTRY: Black-Sivalls-Bryson Blue Co.
11. BIRTHPLACE (City and State or Foreign Country): Miami Station Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: William C. Albert
13b. MOTHER'S MAIDEN NAME: Sarah Claire
14. NAME OF HUSBAND OR WIFE: Catherine Elver, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 487-03-7209
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ethel Ruane
ADDRESS: 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall Bladder with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 8-25-49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca Gall Bladder.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia, jaundice - etc — 155.1

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: yes. Several yrs ago — Gall stones & Cancer GB.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): no
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: no

22. *I hereby certify that I attended the deceased from* 5-29, 1949, *to* 8-9, 1953, *that I last saw the deceased alive on* 8/9, 1953, *and that death occurred at* 5 P m., *from the cause and on the date stated above.*

23a. SIGNATURE: W. A. Myers MD
(Degree or title): D
23b. ADDRESS: 1115 Grand Ave. Kansas City Mo
23c. DATE SIGNED: 8/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/11/53
24c. NAME OF CEMETERY OR CREMATORY: Cannon Cemetery
24d. LOCATION (City, town, or county) (State): Wakenda Mo

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Sheil Funeral Home
ADDRESS: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.