

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35999**
4824
Registrar's No. _____

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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. LENGTH OF STAY (In this place) 1 year		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 4917 Wyoming				e. STREET ADDRESS (If rural, give location) 12 4917 Wyoming			
3. NAME OF DECEASED (Type or Print) NELLIE		a. (First)		b. (Middle) MOFFETT		c. (Last) MOFFETT	
4. DATE OF DEATH 10 7 1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH May 14, 1874		9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Indiana				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Alexander Elliott		13b. MOTHER'S MAIDEN NAME --- Cunliffe		14. NAME OF HUSBAND OR WIFE Robert B. Moffett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel W. Moffett, 4917 Wyoming, K.C.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) Arteriosclerotic Ht Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mo 4200	
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) (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>Jan 30</u> , 19 <u>53</u> , to <u>Oct 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 6</u> , 19 <u>53</u> , and that death occurred at <u>2:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. H. Goodson, Jr MD				23b. ADDRESS 730 Professional Bldg. Kansas City, Mo.		DATE SIGNED 10/7/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-7-53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Madison, Indiana	
DATE REC'D BY LOCAL REG. 10-7-53		REGISTRAR'S SIGNATURE Shalline Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.			

Dr. Wm. H. Goodson, Jr.
Professional Bldg.

Vi 3434

TOD 2:30 AM

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 *F. L. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K-E-S*

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.