FILED NOV 16 1954

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37515

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4989

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

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): 34 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION 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. Residence within limits of city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 2103 Holly

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): ELCANA
c. (Last): MORELAND

4. DATE OF DEATH (Month) (Day) (Year): October 26, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 13, 1889
9. AGE (In years last birthday): 65 — 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): Paperhanger
10b. KIND OF BUSINESS OR INDUSTRY: decorating
11. BIRTHPLACE (City and State or Foreign Country): Vichy, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Moreland
13b. MOTHER'S MAIDEN NAME: Ida Bailey
14. NAME OF ~~HUSBAND OR~~ WIFE: Bessie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes — WW I
16. SOCIAL SECURITY NO.: 496-09-2311
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA Hospital, Official Records, 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, asthenia, etc., It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary congestion and edema - 3 days
ANTECEDENT CAUSES: Severe coronary atherosclerosis w/ coronary occlusion, remote and m yocardial ischenia and fibrosis ventricles
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 10 years

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

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I/VA attended the deceased from* D.O.A. *, 19__, to* 10/26/54 *, 19__, ~~[illegible]~~ and that death occurred at* 10:10 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. C. YOUNG, M.D. C.C. Young M.D.
23b. ADDRESS: VA Hospital, Kansas City, Mo
23c. DATE SIGNED: 10/27/54

24a. ~~BURIAL~~, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Oct. 29, 1954
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Maple Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, ~~Missouri~~ Kansas

DATE REC'D BY LOCAL REG.: 10-28-54
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: D. F. Newcomer's Sons, 1331 Brush Creek, Kansas City, Missouri

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Basil Honey

Licensed Embalmer No. H 7

P. O. Address F. C.

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