

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4971**
538
Registrar's No. **1082**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1082		Registrar's No. 1082		
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 town or town Kansas City)		c. LENGTH OF STAY (in this place) 4 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 622 Hardesty, Apt#104				STREET ADDRESS (If rural, give location) 622 Hardesty Ave., Apt.#104				
3. NAME OF DECEASED (Type or Print) a. (First) Marie.		b. (Middle) C.		c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) Feby. 6th, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 26, 1890		
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR 54 Days		IF UNDER 2 HRS. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Paul, Minnesota		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mathis Brein			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE James I. Moore		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-26-2514		17. INFORMANT'S SIGNATURE OR NAME James I. Moore ADDRESS 622 Hardesty				
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) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sarcoma metastases to lungs DUE TO (c) Neurosarcoma of Rt thigh II. OTHER SIGNIFICANT CONDITIONS PK. Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 hour 6:40 3 years 1934	
19a. DATE OF OPERATION 1951		19b. MAJOR FINDINGS OF OPERATION as above				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) 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 1951 , to Feb 6 , 19 55 , that I last saw the deceased alive on 2-5 , 19 55 , and that death occurred at 9 AM m., from the causes and on the date stated above.								
23a. SIGNATURE John T. Skinner (Degree or title) MD				23b. ADDRESS 1102 Grand, K.C. Mo		23c. DATE SIGNED 2-6-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/6/55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. 2-6-55		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McGilley Eylar, Kansas City, Mo.				

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

1010

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 Ivan Miller....., Student Embalmer No. 50 working under my personal supervision..

Student Ivan E. Miller
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 299
P. O. Address

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