

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12066**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1384

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) **63 years**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

STREET ADDRESS (If rural, give location) **5918 Jackson Street**

3. NAME OF DECEASED  
a. (First) **Benjamin** b. (Middle) **N.** c. (Last) **MOORE**

4. DATE OF DEATH (Month) (Day) (Year) **March 27 1955**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept. 26, 1891**

9. AGE (In years last birthday) **63**

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) **Retired Maintenance Man**

10b. KIND OF BUSINESS OR INDUSTRY **Handcraft Co.**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jerome Moore**

13b. MOTHER'S MAIDEN NAME **Minnie Keltner**

14. NAME OF HUSBAND OR WIFE **Eva Moore**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No None**

16. SOCIAL SECURITY NO. **496-09-2045**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Eva Moore 5918 Jackson Kansas City, Mo.**

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cor Pulmonale & Pulm. Edema**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Pulmonary Emphysema (m. m. s.)**

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

INTERVAL BETWEEN ONSET AND DEATH  
  
**5271**

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 attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred \_\_\_\_\_ m.; from the causes and on the date stated above.

23a. SIGNATURE **H. Frank Holman** (Degree or title)

23b. ADDRESS **105 South 1st Street, MO**

23c. DATE SIGNED **3-27-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **3-29-1955**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri.**

DATE REC'D BY LOCAL REG. **3-28-55** REGISTRAR'S SIGNATURE **Neva Minchell**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Geo. C. Carson Geo. C. Carson Funeral Home, Indep. Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Dean W. Huff*.....  
Licensed Embalmer No. *491*

P. O. Address *Independence*

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.