

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 33423  
4152

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (In this place) <b>70 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>		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 <b>ST. JOSEPH HOSPITAL</b>			STREET ADDRESS (If rural, give location) <b>1431 EAST-79<sup>TH</sup> STREET</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROGER</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>MORELAND</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT-22-1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE-17-1877</b>	9. AGE (In years last birthday) <b>78</b>	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) <b>RETIRED-10YRS ACCOUNTANT SWIFT &amp; COMPANY</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>JOLIET ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>WILLIAM H. MORELAND</b>		
13b. MOTHER'S MAIDEN NAME <b>MARY ALICE SANDIFORD</b>			14. NAME OF HUSBAND OR WIFE <b>MRS. DOLPHIN MORELAND</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>SIO-05-6769</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DOLPHIN MORELAND</b> ADDRESS <b>1431 EAST-79<sup>TH</sup> ST. KANSAS CITY, MO.</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Tamponade</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Myocardial Infarct</b> DUE TO (c) <b>Coronary Sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR?
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"/>	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 at <b>7:40A.</b> m., from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) <b>H. Frank Holman M.D.</b>			23b. ADDRESS <b>St. Joseph Hospital</b>		23c. DATE SIGNED <b>9-22-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT-24-1955</b>	24c. NAME OF CEMETERY OR CREMATORIUM <b>GREEN LAWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>9-24-55</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A.H. Newsom</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY MO.</b>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
H. Frank Holman

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 *John B Lewis*.....  
Licensed Embalmer No. 48

P. O. Address *RCM*.....

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.