

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH4991  
State File No. ....BIRTH NO. 06711-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 479

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 township). <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>11 hrs. 47 min</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>Conley Maternity Hospital</b>			STREET ADDRESS (If rural, give location) <b>508 Prospect</b> <span style="float: right;"><b>30480</b></span>		
3. NAME OF DECEASED (Type or Print) <b>DEBORAH</b>		a. (First)	b. (Middle) <b>KAY</b>	c. (Last) <b>MOORE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 15 - 56</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>1 - 14 - 56</b>	9. AGE (In years last birthday) <b>11</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>47</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo. D</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Arthur Billy Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred Joyce Goin</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Arthur Billy Moore</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary Paralysis</b>			ADDRESS <b>508 Prospect, E. 17th</b>
		INTERVAL BETWEEN ONSET AND DEATH			
		ANTECEDENT CAUSES DUE TO (b) <b>Anoxia</b>			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Atelectasis</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Physiological Prematurity</b>			<b>7625</b>
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>1 - 14, 19 56</b> , to <b>1 - 15, 19 56</b> , that I last saw the deceased alive on <b>1 - 15, 19 56</b> , and that death occurred at <b>1:17 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Lee E. Davidson</b> (Degree or title) <b>DO</b>			23b. ADDRESS <b>3504 Troost Ave</b>		23c. DATE SIGNED <b>1-24-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Destroyed at Conley Hospital Laboratory</b>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <b>Kansas City</b>		24d. LOCATION (City, town, or county) (State) <b>Mo.</b>	
DATE REC'D BY LOCAL REG. <b>2-1-56</b>		REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Conley Hosp. Lab. K.C., Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.