

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9407**  
Registrar's No. **138**

BIRTH NO. **16152-56** REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived.) a. STATE <b>Mo</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>	c. LENGTH OF STAY (in this place) <b>1 1/2 days</b>	c. CITY OR TOWN <b>Ind.</b>	Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Hosp</b>		e. STREET ADDRESS (If rural, give location) <b>Truman Road 1000</b>	

3. NAME OF DECEASED (First) <b>Joanne</b> b. (Middle) <b>Moore</b> c. (Last) <b>Moore</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar-20-1956</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Mar-18-1956</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>1</b> IF UNDER 1 YEAR Months <b>12</b> IF UNDER 24 HRS. Days <b>12</b> Hours <b>12</b> Min.
11. BIRTHPLACE (City and State or Foreign Country) <b>Independence Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13. FATHER'S NAME <b>Joe S Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Wanita B Riley</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Joe S Moore</b> ADDRESS <b>Independence 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days post partum</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity (app. 3 mos.) also born</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	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>776x</b>	
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"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 12, 1956**, to **March 20, 1956**, that I last saw the deceased alive on **March 20, 1956**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. Hinkerson M.D.</b>		23b. ADDRESS <b>1500 Bank Bldg Independence Mo</b>		23c. DATE SIGNED <b>3/20/56</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar-22-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CAF Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Max L. Fossett</b> ADDRESS <b>Independence Mo</b>			

DATE REC'D BY LOCAL REG. <b>3-22-56</b>		REGISTRAR'S SIGNATURE <b>James K. Davis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Max L. Fossett</b> ADDRESS <b>Independence Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1.30

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 *Max L. Fournell*

Licensed Embalmer No. *425*

P. O. Address *Mt Vernon*

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.