

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16505**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2114**

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) Kansas City		c. CITY OR TOWN Hickman Mills	
c. LENGTH OF STAY (in this place) 1 yr		d. 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 3918 Charlotte, Cow Home		STREET ADDRESS (If rural, give location) 6226 Kingslee Drive 1001	

3. NAME OF DECEASED (Type or Print)	a. (First) MARGUERITE	b. (Middle) MAE	c. (Last) MOORE	4. DATE OF DEATH (Month) 5-14-1956 (Day) (Year)
-------------------------------------	------------------------------	------------------------	------------------------	--

5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 4-28-1886	9. AGE (In years last birthday) 70	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) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hickman Mills, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	---	---

13a. FATHER'S NAME T. D. Moore	13b. MOTHER'S MAIDEN NAME Betty Watson	14. NAME OF HUSBAND OR WIFE
---------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Roy Moore ADDRESS Hickman Mills, Mo.
---	-------------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-Renal disease with hypertension		
	ANTECEDENT CAUSES (b) Repeated small strokes		
DUE TO (c) Terminal heart failure		442X	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Obesity for years 10 yrs of age had ca. of lung removed surgically with no signs of return			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None for 10 yrs.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no injury
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? no injury
---	--	---

22. I hereby certify that I attended the deceased from **Feb 17, 1956**, to **5-14, 1956**, that I last saw the deceased alive on **5-13, 1956**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harvey Jennett, M.D. (Degree or title)	23b. ADDRESS 1630 Professional Kansas City 6 Mo	23c. DATE SIGNED 5-15-56
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-16-1956	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 5-15-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE E. K. George & Sons, Inc ADDRESS Grandview, Missouri
---	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. Harvey Jennett

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 *Richard E. Geary*

Licensed Embalmer No. *395*

P. O. Address *Belton, Va*

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.