

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19666**
Registrar's No. **749**

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. LENGTH OF STAY (In this place) 5 Mons.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 109 Main Street		e. STREET ADDRESS (If rural, give location) 109 Main Street	

3. NAME OF DECEASED (Type or Print) Walter Moore	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH July 9, 1956
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH March 3, 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Manhattan, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Moore	13b. MOTHER'S MAIDEN NAME Laura Williams	14. NAME OF HUSBAND OR WIFE Oste Majors Moore
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. WWI	17. INFORMANT'S SIGNATURE OR NAME Elmer Moore	18. ADDRESS 907 Atlanta St. Elwood, Kansas
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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		INTERVAL BETWEEN ONSET AND DEATH 30 minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) signed as a city death, an DUE TO (c) unattended death in the city of		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. St. Joseph			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I ^{viewed} attended the deceased from **7-9**, 19**56**, to _____, 19____, that I ^{found} ~~lost~~ saw the deceased alive on _____, 19____, and that death occurred at **12:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Richard L. Maguire MD	(Degree or title) MD health officer	23b. ADDRESS Phy & Surg Bldg 216	23c. DATE SIGNED 7-11-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Nat'l Cemetery	24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans.
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DATE REC'D BY LOCAL REG. July 13, 1956	REGISTRAR'S SIGNATURE Catharine M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 JUL 25 10P

1956 JUL 2 10P

1956 JUL 1 10P

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..... *Wm H. Alexander*

Licensed Embalmer No. *445*

P. O. Address *St. Joseph*

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.