

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20643

FILED JUL 5 1956

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2626</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		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 <u>St Joseph's Hospital</u>				STREET ADDRESS (If rural, give location) <u>1830 Jackson</u>			
3. NAME OF DECEASED (Type or Print) <u>EUELL</u>		a. (First)		b. (Middle) <u>RAY</u>		c. (Last) <u>MOORE SR</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>12</u>		(Year) <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 22 1901</u>		9. AGE (To years last birthday) <u>55</u>	
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Perry Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe Hills Co. CLP</u>		13a. FATHER'S NAME <u>Homer E Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle L Shoults</u>	
13c. NAME OF HUSBAND OR WIFE <u>Tone L Moore</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>569-01-0294</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tone L Moore</u> ADDRESS <u>1830 Jackson Kansas City Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				DUE TO (b) <u>Carcinoma of Colon</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
Conditions contributing to the death but not related to the disease or condition causing death.				1534			
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) (m.)		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 <u>5-30</u> , 19 <u>56</u> , to <u>6-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>56</u> , and that death occurred at <u>9-0</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Haight</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3401 E 12th St KC Mo</u>		23c. DATE SIGNED <u>6-13-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 16 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Glendale California</u>	
DATE REC'D BY LOCAL REG. <u>6-14-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheil Funeral Home Kansas City Mo.</u> ADDRESS _____			

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 emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Thomas A. Sheit*.....

Licensed Embalmer No. *48*

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.