

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23869**

FILED AUG 8 - 1956

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>3172</b>	
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>Clay</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>5 weeks</b>		c. CITY OR TOWN <b>Liberty</b>		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 <b>Resarch Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>327 Morse</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b>			b. (Middle) <b>Powell</b>		c. (Last) <b>Moore</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 20, 1956</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 5, 1908</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Liberty School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Holt Summit Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>C. A. Powell</b>			13b. MOTHER'S MAIDEN NAME <b>Clara Rice</b>		14. NAME OF HUSBAND OR WIFE <b>Kenneth L. Moore</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kenneth L. Moore Liberty, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxias</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic Lymphosarcoma filling both lungs</b> DUE TO (c) <b>Lymphosarcoma, retroperitoneal node 2001</b> feeding into vena cava  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>8 weeks</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hr -</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input 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 <b>May 1, 1956</b> , to <b>July 20, 1956</b> , that I last saw the deceased alive on <b>July 19, 1956</b> , and that death occurred at <b>5:10 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Glenn W. Hendren</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Liberty, Mo.</b>		23c. DATE SIGNED <b>7-31-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7-23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City North Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-21-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tyler Parley Jones Liberty, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1957

**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 *John Parsley*.....

Licensed Embalmer No. *4308*.....

P. O. Address *Liberty 7*.....

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.