

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30872

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3706

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>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>			Inside Limits <b>304</b> No <input type="checkbox"/>	c. CITY OR TOWNSHIP <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>2010 Olive</b>			Length of stay in hospital <b>30 yrs</b>	d. STREET ADDRESS <b>2010 Olive</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Buster</b> Middle <b>Willie</b> Last <b>Moore</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>25</b> Year <b>1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 18, 1892</b>	9. AGE (In years last birthday) <b>64</b> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.: _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>common laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Hukey, Miss.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13. FATHER'S NAME <b>Jake Moore</b>				14. MOTHER'S MAIDEN NAME <b>Cornelius Moore</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>427-09-5469</b>		17. INFORMANT <b>Wucille Moore 1713 Benton</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Dilatation of Right Heart</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Cardiac Hypertrophy</b> DUE TO (c) <b>Aortic Stenosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Atherosclerosis &amp; Calcareous Degeneration.</b>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	
						STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Deputy Coroner J. M. Tillman M.D.</b>				22b. ADDRESS <b>1618 Lydia Ave</b>		22c. DATE SIGNED <b>8/29/56</b>	
23a. BURIAL, CREMATION, REBURY, etc. <b>Burial</b>	23b. DATE <b>Aug. 30, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>Fannie G. Meek, Kansas City, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8-29-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		

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

Student.....  
Signature of Student Embalmer

Signed *Fannie D. Nee*.....

Licensed Embalmer No. *38*.....

P. O. Address *A. C. L.*.....

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.