THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

338

STATE FILE NUMBER

FILED FEB 4 1957

69 2 40-56

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 79

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: Buchanan | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE: Missouri b. COUNTY: Buchanan |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐ | c. CITY OR TOWN: St. Joseph 0 1 7 0 — Inside Limits: Yes ☒ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 922½ N. 19th St. — Length of stay in 1b: 3 weeks | d. STREET ADDRESS (If outside, give location): 922½ N. 19th St. — Reside on Farm: Yes ☐ No ☒ |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or print): First KEVIN, Middle PATRICK, Last MOORE | 4. DATE OF DEATH: Month January, Day 17, Year 1957 |
| 5. SEX: male — 6. COLOR OR RACE: white — 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: November 5, 1956 — 9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2, Days 12; IF UNDER 24 HRS. Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant — 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country): Bethany, Mo. — 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME: Sumner D. Moore | 14. MOTHER'S MAIDEN NAME: Patricia Davis |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ------ — 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs. S. D. Moore, Address: 922; N. 19th, St. Joseph, Mo |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Suffocation due to aspiration of vomitus while Asleep.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 9210

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): NO 18

INTERVAL BETWEEN ONSET AND DEATH:

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1/16/57, to 1/17/57 and last saw ~~her~~ him alive on 1/16/57

Death occurred at 9:00a. m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): Heath Benson M.D. | 22b. ADDRESS: 510 Corby Bldg City | 22c. DATE SIGNED: 1/25/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): burial — 23b. DATE: 1/19/1957 | 23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery | 23d. LOCATION (City, town, or county) (State): St. Joseph, Mo. |
| 24. FUNERAL DIRECTOR: Heaton-Bowman — ADDRESS: St Joseph, Mo. | 25. DATE RECD. BY LOCAL REG.: Jan 30, 1957 | 26. REGISTRAR'S SIGNATURE: Esther M. Allison |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be visited. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

35-0

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No.... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3

P. O. Address 319 So 10th

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

(Licensed Embalmer's Statement on Reverse Side)