

Health, Welfare and Public Service
 800-56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1396

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 99

| | | | | | | | |
|---|----------------------------------|---|---|--|---|---|--|
| 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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansaa City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u> | | Length of stay in <u>9 Months</u> | | d. STREET (If outside, give location) ADDRESS <u>7224 Wyandotte</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Madelyn</u> Middle <u>Moore</u> Last <u>Moore</u> | | | | 4. DATE OF DEATH Month <u>Jan</u> Day <u>2</u> Year <u>1957</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-24-1911</u> | 9. AGE (In years last birthday) <u>45</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u> | | 11. BIRTHPLACE (City and state or country) <u>St Louis Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Frank Smircina</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Flora Morard</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT <u>Joseph H Moore 7224 Wyandotte</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Concussion Head Lacerations Brain</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | 8164 | | | |
| | | DUE TO (c) | | 26 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" 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.) <u>Two Car Collision</u> | | | | | |
| 20c. TIME OF INJURY Hour <u>1</u> Month <u>1</u> Day <u>1</u> Year <u>57</u> a. m. <u>3</u> p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, factory, office bldg., etc.) <u>Highway</u> | | 20f. CITY, TOWN, OR LOCATION <u>Kansas City</u> | | COUNTY <u>Jackson</u> STATE <u>MO</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:30</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) | | | | 22b. ADDRESS <u>1034 Parkto Blvd</u> | | 22c. DATE SIGNED <u>1-3-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Jan 5 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem.</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> | | |
| 24. FUNERAL DIRECTOR <u>Mellody McGilbey Eylar Kan City Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>1-3-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Melvin Bortean*

Licensed Embalmer No. *4*

P. O. Address *K.E. M.*

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.