

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1885

STATE FILE NUMBER **913**

FILED MAR 13 1957

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

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3522 WALNUT			Length of stay in lb 35 YRS		d. STREET ADDRESS (If outside, give location) 549 BLUE RIDGE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last THURMAN TROY MOORE				4. DATE OF DEATH Month Day Year FEB 24-57					
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN 9 1891		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY CASH REGISTER		11. BIRTHPLACE (City and state or country) DONITHON, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME MOORE				14. MOTHER'S MAIDEN NAME JOSE McCAULY					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 493-77-9984		17. INFORMANT Address 579 Blue Ridge MRS PEARL F MOORE					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)- Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, Generalized DUE TO (c) Senility.							INTERVAL BETWEEN ONSET AND DEATH 1 hr. years 4201		
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.) 0						
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 Feb. 3, 1957 to present and last saw him alive on Feb. 24, 1957 Death occurred at 5 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Wallace H. Graham, M.D.				22b. ADDRESS 518 Argyle Bldg.				22c. DATE SIGNED 24 Feb. 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE FEB 25, 1957		23c. NAME OF CEMETERY OR CREMATORY NAT WASHINGTON		23d. LOCATION (City, town, or county) (State) KANSAS, CITY, MO.			
24. FUNERAL DIRECTOR ADDRESS D. W. NEWSOMERSONS 6331 GRUSH CREEK BLVD K.C. MO.				25. DATE RECD./BY LOCAL REG. 2-26-57		26. REGISTRAR'S SIGNATURE Neva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Wallace H. Graham

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Everett L. Smith*

Licensed Embalmer No. *50*

P. O. Address *K. C. Mo*

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.