

Health, Welfare
Public Service

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7984
STATE FILE NUMBER
1320

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 1320

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson Clay</i>	
b. CITY OR TOWN <i>Kansas City North</i> (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City North</i> 508 th Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5304 E. 46th St.</i>		d. STREET ADDRESS (If outside, give location) <i>5304 E. 46th St.</i>	
Length of stay in lb <i>66 yrs.</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Sarah</i> Middle <i>May</i> Last <i>Moore</i>			4. DATE OF DEATH Month <i>March</i> Day <i>20</i> Year <i>1957</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-28-1891</i>	9. AGE (In years (age at birthday)) <i>66</i>	10. UNDER 1 YEAR	11. UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>K.C. Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Andrew M. Curtis</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Bumbaugh</i>	14. NAME OF HUSBAND OR WIFE <i>Frank Moore</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>488-40-6028</i>	17. INFORMANT Address <i>Frank Moore 5304 E. 46th K.C.M.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Unborn -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4201</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Possible Acute Coronary Occlusion</i>	
	DUE TO (c)	
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 type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>D. J. Pate M.D. Coroner</i> (Degree or title) <i>3</i>	22b. ADDRESS <i>North Kansas City, Mo</i>	22c. DATE SIGNED <i>3/21/57</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-22-1957</i>	23c. NAME OF CEMETRY OR CREMATORY <i>Forest Hill Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>
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24. FUNERAL DIRECTOR ADDRESS <i>C. J. Blackburn & Son Inc. K.C.M.</i>	25. DATE RECD. BY LOCAL REG. <i>3-21-57</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
O. S. Pate

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 *Bert B. Bennett*

Licensed Embalmer No. *4656* ..
P. O. Address *1. J. C. ...* ..

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.

