No. 300
10.48

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8803

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1264

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, MISSOURI
c. LENGTH OF STAY (In this place): ~~2 years~~ D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL NO.1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OHIO
b. COUNTY: HAMILTON
c. CITY OR TOWN: CINCINNATI 8340 8
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5343 HAMILTON AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): PHILLIP
c. (Last): MOKE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 17 1957

5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 11-18-28
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months ~~3~~ Days ~~29~~ — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. NAVY
10b. KIND OF BUSINESS OR INDUSTRY: MEDICAL ATTENDANT
11. BIRTHPLACE (City and State or Foreign Country): LIMA, OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN JACKSON MOKE
13b. MOTHER'S MAIDEN NAME: DECEASED AND UNKNOWN
14. NAME OF HUSBAND OR WIFE: OLGA MOKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES Korean. Presently in service
16. SOCIAL SECURITY NO.: 269 24 1769
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: George W. Babcock, C.W.O., HC, USNR

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Cause of death undetermined~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Pending~~ Lubratory Man shows
DUE TO (c) Barbiturate poisoning

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: ~~Alleged to have Taken Sleeping~~ [illegible]
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Residence 3608 Wayne
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City, Jackson, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-17-57 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Barbiturate poison

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hugh H. Owens Coroner
23b. ADDRESS: 1034 Rialto Bldg
23c. DATE SIGNED: 3-18-57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 3-17-57
24c. NAME OF CEMETERY OR CREMATORY: Natl. Cemetery
24d. LOCATION (City, town, or county) (State): Ft. Leavenworth, Kans. ~~Olathe, Johnson County, Kansas~~

DATE REC'D BY LOCAL REG.: 3-18-57
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Chester L. Flaming JULIEN FUNERAL HOME
ADDRESS: Olathe, Kansas

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester L. Flamin

Licensed Embalmer No. 4569

P. O. Address Phelps Co

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