

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED MAR 26 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1163

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, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 54 yrs of		e. STREET ADDRESS (If rural, give location) 1203 1/2 East 18th	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) a. (First) Buster b. (Middle) _____ c. (Last) Moore			4. DATE OF DEATH (Month) (Day) (Year) March 8, 1957		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27, 1897	9. AGE (In years last birthday) 59 yrs. If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY unk.		11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mabel Moore	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-05-8320		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mable Moore, wife 1203 1/2 E. 18th	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic organizing subdural hematoma.					non traumatic
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus.			33/X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-26-57, 19 , to 3-8-57, 19 , that I last saw the deceased alive on 3-8-57, 19 , and that death occurred at 9:40 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Peterson MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 3-12-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/14/57		24c. NAME OF CEMETERY OR CREMATORY Hillsdale, Kansas		24d. LOCATION (City, town, or county) (State) Hillsdale, Kansas	
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DATE REC'D BY LOCAL REG. 3-12-57		REGISTRAR'S SIGNATURE New Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Fn. Hm 18th & Benton	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. H. Peterson

Jackson

Missouri

Jackson

Missouri

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 Bruce P. Watkins

Licensed Embalmer No. 450

P. O. Address 18th & B

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.