

STANDARD CERTIFICATE OF DEATH

13304

STATE FILE NUMBER

FILED MAY 1 - 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1685

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in items 18, 19, 20, 21, 22, 23, 24, 25, 26. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITER IF POSSIBLE  
Hugh H. Owens

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hickman Mills</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>		Length of stay in 1b <b>D. O. A.</b> 700 <sup>d</sup> STREET ADDRESS (If outside, give location) <b>11206 Sycamore</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Albert Lee Moppin</b> First Middle Last			4. DATE OF DEATH <b>April 9, 1957</b> Month Day Year
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 15, 1943</b>
9. AGE (In years last birthday) <b>13</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public School</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>Albert S. Moppin</b>	
14. MOTHER'S MAIDEN NAME <b>Daisy Lee Davis</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Albert S. Moppin</b> Address <b>Hickman Mills, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxiation</b> DUE TO (b) <b>Death by hanging</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>E 93600 22</b>
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.) <b>Was found hanging by neck in garage at home.</b>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <b>4-9-57</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Garage at home.</b>		
20e. CITY, TOWN, OR LOCATION <b>700</b> COUNTY <b>Jackson</b> STATE <b>Mo.</b>	20f. CITY, TOWN, OR LOCATION <b>Hickman Mills, Jackson, Mo.</b>		
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 <b>Hugh H. Owens</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>1034 Rialto Bldg.,</b>	
22c. DATE SIGNED <b>4-10-57</b>		23a. BURIAL (CREMATION, REMOVAL) (Specify) <b>burial</b>	
23b. DATE <b>4-11-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Jackson Co., Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons, Inc. Grandview,</b> ADDRESS <b>Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>4-11-57</b>	
26. REGISTRAR'S SIGNATURE <b>near Marshall</b>			



STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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.

Doctor, coroner, etc. must use only standard nomenclature in item 18. Causes in Part I must be causally related. Coroner cannot certify. USE ONLY BLACK INK OR RIBBON TYPEWRITER

MEDICAL CERTIFICATION

<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Asphyxiation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hanging</u> } DUE TO (c) <u>new wounds</u>		INTERVAL BETWEEN ONSET AND DEATH _____
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 type="checkbox"/> SUICIDE <input checked="" 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>Was found hanging by the neck in his home</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____	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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Hickman Mills, Jackson Mo.</u>	
21. I attended the deceased from <u>1954</u> to <u>1957</u> Death occurred at <u>3:10 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her <u>him</u> <u>any</u> on <u>Nov 1956</u>
22a. SIGNATURE <u>Erving H. Clark, M.D.</u> (Degree or title)		22b. ADDRESS <u>Hickman Mills, Missouri</u>
22c. DATE SIGNED <u>4-10-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>
23b. DATE <u>4-11-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>
23d. LOCATION (City, town, or county) <u>Jackson County, Missouri</u>		24. FUNERAL DIRECTOR <u>E. N. Georger Sons Inc. Grandview Mo</u>
25. DATE RECD. BY LOCAL REG. <u>4-11-57</u>		26. REGISTRAR'S SIGNATURE <u>new marshal</u>

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signature.....  
Licensed Embalmer No.....  
P. O. Address.....

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

# 13304 (1957)