. Health,
& Welfare
S. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 17252

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2223

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Missouri — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital — Length of stay in 1b 2 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Kansas City 16 Mo. — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 1437 N. Askew (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Cora — Middle Belle — Last Moore
4. DATE OF DEATH: Month May — Day 10 — Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Sept 1, 1868
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Piqua, Ohio
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: George W. Gardner
14. MOTHER'S MAIDEN NAME: Susan J. Shoe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-26-0687-D
17. INFORMANT: Edward G. Moore — Address: 3736 Cambridge Kansas City Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Encephalo-Malacia (Left)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Broncho-pneumonia
DUE TO (c) Aneurysm abdominal aorta
451 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Arterio sclerosis

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from May-1-'57 to May-10-'57 and last saw her ~~him~~ alive on May-10-'57. Death occurred at 6.45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James C. Walker M.D. (Degree or title)
22b. ADDRESS 318 Prof. Bldg. K.C. Mo
22c. DATE SIGNED May 12-57

James C. Walker

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 13-1957
23c. NAME OF CEMETERY OR CREMATORY: Mount Moriah
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: MRS. C. L. FORSTER FUNERAL HOME, INC. — ADDRESS: KANSAS CITY, MISSOURI
25. DATE RECD. BY LOCAL REG.: 5-13-57
26. REGISTRAR'S SIGNATURE: neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

KP 2

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 35-9

P. O. Address

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