

Health, Public Service
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 -57
 MEDICAL CERTIFICATION
 Richard L. Owens
 All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24729

STATE FILE NUMBER
 3067

FILED AUG 1 - 1957

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

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, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 64th Richmond Rd.		Length of stay in 1b 40 Years	
3. NAME OF DECEASED (Type or print) First REBA Middle LEE Last MORELAND		4. DATE OF DEATH Month June Day 30 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 6, 1898
9. AGE (In years last birthday) 59		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Lady		10b. KIND OF BUSINESS OR INDUSTRY Katz Drug Co.	
11. BIRTHPLACE (City and state or country) Guthrie, Okla.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George W. Ellis		13b. MOTHER'S MAIDEN NAME Mary Shouse	
14. NAME OF HUSBAND OR WIFE Thomas L. Moreland		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. 500-38-2350		17. INFORMANT Address Thomas Moreland 64th-Richmond Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Antero-septal Myocardial Infarction Acute Post Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Arteriosclerosis DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 5 weeks 4/20
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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> Natural <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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	
21. I attended the deceased from May 23, 1957 to June 30, 1957 and last saw her alive on June 30, 1957 Death occurred at 6:10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard L. Owens M.D.		22b. ADDRESS Rialto Bldg. Kans. City Mo	
22c. DATE SIGNED 7-2-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 3-1957-		23c. NAME OF CEMETERY OR CREMATORY Brooking Cem.	
23d. LOCATION (City, town, or county) (State) Raytown, Missouri		24. FUNERAL DIRECTOR ADDRESS Mellody McGilley Eylar, Kan City, Mo.	
25. DATE RECD. BY LOCAL REG. 7-2-57		26. REGISTRAR'S SIGNATURE Neve Marshall	

Dr Richard Owens.
Office at Rialto bldg.
VI-2-2812

11-12

2-5- 9230 E. 50

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 *Arthur Eugene Hook*

Licensed Embalmer No. *4912*

P. O. Address *K.C. Mo.*

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.