

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30921

STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1053

Health,
Welfare
Public
Service

300
-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. AT
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.

BIRTH # 1639

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY BUCHANAN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY DONIPHAN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JOSEPH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN WATHENA TROY ^{15⁰⁰}		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. METH. HOSP.		Length of stay in 1b 17 HOURS	d. STREET ADDRESS R.F.D. # 2		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle CHARLES Last MOORE			4. DATE OF DEATH SEPT. 21, 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 20, 1957		9. AGE (In years last birthday) IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours 17 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) ST. JOSEPH, MISSOURI	
13. FATHER'S NAME CHARLES MOORE			14. MOTHER'S MAIDEN NAME ALICE ESSEX		
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. NONE		17. INFORMANT REV. CHARLES MOORE-TROY, KANSAS R. F. D. # 2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral atelectasis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>17 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
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 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>7620</u>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9/20/57</u> to <u>9/21/57</u> and last saw her alive on <u>9/20/57</u> Death occurred at <u>6:30</u> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edna L. Fulton, M.D.</u>			22b. ADDRESS <u>Wathena, Ks.</u>		22c. DATE SIGNED <u>9/23/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE SEPT. 21, 1957	23c. NAME OF CEMETERY OR CREMATORY BELLEMONT CEMETERY		23d. LOCATION (City, town, or county) (State) WATHENA, KANSAS.
24. FUNERAL DIRECTOR HARMAN FUNERAL HOME-WATHENA, KANSAS			25. DATE RECD. BY LOCAL REG. <u>Sept. 25, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles M. Harman*

Licensed Embalmer No: *44*

P. O. Address *Waltham*

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