t. Health,
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FILED NOV 14 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36016

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5002

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION: 2905 Campbell — Length of stay in hospital: 2 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Tennessee b. COUNTY: Shelby
c. CITY OR TOWN: Memphia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 941 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Rose Middle: — Last: MOON

4. DATE OF DEATH: Month Oct. Day 27 Year 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: April 23, 1887
9. AGE (In years last birthday): 70 — 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: Domestic
11. BIRTHPLACE (City and state or country): Saginaw, Michigan
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Joseph Dupuis
13b. MOTHER'S MAIDEN NAME: Matilda —
14. NAME OF HUSBAND OR ~~WIFE~~: Henry L. Moon

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. 411-16-7472A
17. INFORMANT: Myrtle M. Morrison Address 7049 Indiana Ave. K.C., Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) origin unknown. — ?
DUE TO (c) — 1999
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 [ ] NO [ ] 0

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 COUNTY STATE

21. I attended the deceased from 10-27-57 to 10-27-57 and last saw her/him alive on Oct 27. 57
Death occurred at 7:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R Paul Wright (Degree or title) MD
22b. ADDRESS: 1324 Prof. Bldg. Kansas City, Mo
22c. DATE SIGNED: Oct 28. 57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-28-57
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Memphis, Tennessee

24. FUNERAL DIRECTOR: D.W. Newcomer's Sons ADDRESS: 1331 Brush Creek K.C., Mo.
25. DATE RECD. BY LOCAL REG.: 10-28-57
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. Paul Wright

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 C. D. Nelson

Licensed Embalmer No. 1442

P. O. Address Kansas City, M

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.