

1352

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

163

FILED FEB 13 1958

Registration District No. 149

Primary Registration District No. 2002

Registrar's No.

 Health,
 Welfare
 Public
 Service
300 0
-57
 All diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be recorded.

 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

B. I. BUPTIS

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		Length of stay in 1b 10 yrs	d. STREET ADDRESS (If outside, give location) 111 1/2 W. 9 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edna Middle Moore Last Moore			4. DATE OF DEATH Month 1 Day 9 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-1-1899
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist	11. BIRTHPLACE (City and state or country) Washington
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist		10b. KIND OF BUSINESS OR INDUSTRY McCauliff Letter Co.,	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Moore		13b. MOTHER'S MAIDEN NAME Janis Brooks	14. NAME OF HUSBAND OR WIFE ***
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. 566-09-7027	17. INFORMANT Address E McCoilum 3075 Ave. Lexington, Kans
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Lobar Pneumonia Arteriosclerotic heart disease Cause pending autopsy report 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)			INTERVAL BETWEEN ONSET AND DEATH 49 1/2
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.)	
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 Jan. 8, 1958 to Jan. 9, 1958 and last saw ^{her} him alive on Jan. 9, 1958 Death occurred at 10 : 20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. F. Weiler, M.D. (Degree or title)		22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 1-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-17-58	23c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemelum	23d. LOCATION (City, town, or county) (State) Malta Bend Mo
24. FUNERAL DIRECTOR'S ADDRESS B. F. Weiler 1508 No		25. DATE RECD. BY LOCAL REG. 1-11-58	26. REGISTRAR'S SIGNATURE Neva Marshall

(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 *B. E. Weiler*

Licensed Embalmer No. *4075*
P. O. Address *R. P. & Me*

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.