

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **1354**

FILED FEB 3 1958

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **164**

300
-57

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 6446 INDIANA AVE. 15 YEARS		Length of stay in 1b	STREET ADDRESS (If outside, give location) 6446 INDIANA AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HARRIS Middle HAUCK Last MOORE			4. DATE OF DEATH Month JAN - Day 9 - Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 29 - 1915	9. AG' (In years of birthday)	IF UNDER 1 YEAR Months 4 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAPT. - PILOT		10b. KIND OF BUSINESS OR INDUSTRY BRANIFF AIRWAYS	11. BIRTHPLACE (City and state or country) Delavan, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JACOB HYSON MOORE		13b. MOTHER'S MAIDEN NAME MARTHA ELLEN HAUCK		14. NAME OF HUSBAND OR WIFE MRS. VIOLA MOORE	
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. 512-16-2597	17. INFORMANT MRS. VIOLA MOORE Address 6446 INDIANA AVENUE KANSAS CITY, MISSOURI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH SUDDEN ATTACK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					42-71
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 <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 _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 JULY 8 1954 to JAN 9 1958 and last saw ^{her} him alive on 12-6-57 Death occurred at 4 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. C. [Signature] (Degree or title) D			22b. ADDRESS 6744 Prospect		22c. DATE SIGNED 1-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN. 12 1958	23c. NAME OF CEMETERY OR CREMATORY ROCK CREEK CEMETERY		23d. LOCATION (City, town, or county) (State) NORTH OF WAYERLY KANSAS
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS, KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 1-11-58	26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

P. C. Quistgard

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

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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 *Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *47 E 32nd St KC*

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.