

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040102

STATE FILE NUMBER

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5122

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>506 S. Denver</i>		Length of stay in lb <i>35 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>506 S. Denver</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Lewis Clifton Moore</i>			4. DATE OF DEATH Month Day Year <i>Oct-27-1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 17-1886</i>	9. AGE (In years less birthday) <i>72</i>	F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Writer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	11. BIRTH PLACE (City and state or country) <i>Lynn Co., Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>Jackson</i>
13a. FATHER'S NAME <i>James A. Moore</i>		13b. MOTHER'S MAIDEN NAME <i>Josephine Johnson</i>		14. NAME OF HUSBAND OR WIFE <i>Clara D. Moore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>902-18-1819</i>	17. INFORMANT <i>Mrs. Clara D. Moore</i>		Address <i>506 S. Denver K.C. Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Atherosclerotic Heart Disease</i>					<i>years</i>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Pulmonary Emphysema</i> 42?					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.					
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 <i>7-30-57</i> to <i>10-27-58</i> and last saw her alive on <i>10-25-58</i> Death occurred at <i>1:55</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert L. Ward M.D.</i>			22b. ADDRESS <i>4126 St. John</i>		22c. DATE SIGNED <i>10-27-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Oct 29-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Shel Hills Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>	
24. FUNERAL DIRECTOR <i>P. J. Blackman & Son Inc. N.P. Mo.</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>10-29-58</i>	26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Robert L. Ward

All diseases in Part I must be causally related. Do not check any conditions which are not causally related.



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 *W.C. Benis*

Licensed Embalmer No. *4879*

P. O. Address *H.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.