

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040324

STATE FILE NUMBER

FILED DEC 2 1958

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

495

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 Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence, Mo. 2005-
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1015 W. Truman Rd		Length of stay in 1b 37 Yrs	d. STREET ADDRESS (If outside, give location) 1015 W. Truman Rd
3. NAME OF DECEASED (Type or print) First MAY Middle L Last MOORE		4. DATE OF DEATH Month 11 Day 24 Year 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1890
9. AGE (In years birthday) 68		10. UNDER 1 YEAR Months 11 Days 24	11. UNDER 24 HRS. Hours 11 Min. 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) Housewife & Teacher		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Lawrence, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME Fred Leslie Draper	
13b. MOTHER'S MAIDEN NAME Margaret Yahn		14. NAME OF HUSBAND OR WIFE Edward D. Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or days of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Edward D. Moore
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition		INTERVAL BETWEEN ONSET AND DEATH 2 mos	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Co biliary tract -		6+ mos	
DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1551	
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.			
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 Sept 10 - 1958 to Nov 24 - 1958 and last saw her/him alive on 10-4-58 Death occurred at 2:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. J. Gardner (Degree or title)		22b. ADDRESS 10901 W. Truman Rd. Independence, Mo. 64241	
22c. DATE SIGNED 11/24/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-25-1958	
23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR FLORAL HILLS MEMORIAL CHAPELS, INC		ADDRESS 11-25-58	
25. DATE RECD. BY LOCAL REG. 11-25-58		26. REGISTRAR'S SIGNATURE James H. Casey	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

DEC 2 1958

Handwritten notes:
1st
2nd

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 *[Handwritten Signature]*
Licensed Embalmer No. *5938*
P. O. Address *[Handwritten Address]*

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.