

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005759
STATE FILE NUMBER
619

300
-57

FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lees Summit</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Luke Hosp.</u>		Length of stay in 1b <u>7 Weeks</u>	d. STREET ADDRESS (If outside, give location) <u>230 So Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jesse</u> Middle <u>Newton</u> Last <u>Moore</u>			4. DATE OF DEATH Month <u>1</u> Day <u>31</u> Year <u>59</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-30-1885</u>	9. AGE (In years and birth day) <u>73</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Police</u>	11. BIRTHPLACE (City and state or country) <u>East Lynn Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Benjamin F. Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie R. Schindler</u>	14. NAME OF HUSBAND OR WIFE <u>Nora Moore</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-07-0792</u>	17. INFORMANT <u>Nora Moore</u> Address <u>Lees Summit Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ca of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u>
Conditions, if any, which gave rise to above cause (a), starting 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)		
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <u>Oct 14 58</u> to <u>2-1-59</u> and last saw him alive on <u>2-1-59</u> Death occurred at <u>Lees Summit Mo</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>Lees Summit Mo</u>	22c. DATE SIGNED <u>2-2-59</u>

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>2-4-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Cemetery</u>	23d. LOCATION (City, town, or county) (Type) <u>Harrisonville Mo</u>
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24. FUNERAL DIRECTOR <u>Kangasford Funeral Home</u>	ADDRESS <u>Lees Summit Mo</u>	25. DATE RECD. BY LOCAL REG. <u>2-2-59</u>	26. REGISTRAR'S SIGNATURE <u>Nora Minshall</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

L. B. Knight

All diseases in Part I must be causally related.

VS FEB 19 1959

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 *M.B. Langford*

Licensed Embalmer No. *3453*

P. O. Address *St. Louis, 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.