

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013452

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002 REGISTRAR'S No. 1950

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>		Length of stay in lb <b>26 Mo.</b>	d. STREET ADDRESS (If outside, give location) <b>5025 So. Benton Blvd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Zora Lee Moore</b>			4. DATE OF DEATH Month Day Year <b>4 18 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12 1 1885</b>		9. AGE (In years last birthday) <b>73</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone P. Frisco Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Unionville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Thomas H. Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa V. Summers</b>		14. NAME OF HUSBAND OR WIFE <b>Dixy Moore</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>702-07-1314</b>		17. INFORMANT Address <b>Dixy Almeta Moore 5025 So. Benton</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Peritonitis</b> DUE TO (b) <b>Perforated Duodenal Ulcer</b> DUE TO (c) <b>Duo-Duodenal Ulcer.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Depletion - Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b> <b>36 hrs</b> <b>3-6 Mos</b>	
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.) <b>5411</b>			
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. Attended the deceased from <b>17 April 59</b> to <b>18 April 59</b> and last saw her/him alive on <b>18 April 1959</b> Death occurred at <b>1<sup>00</sup> pm 18 April 59</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Burford T. Casebolt MD</b>			22b. ADDRESS <b>4000 Baltimore</b>		22c. DATE SIGNED <b>19 April 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>4 20 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Aurora, Mo.</b>
24. FUNERAL DIRECTOR <b>NW Newcomer's Sons, Mo.</b>		ADDRESS <b>H. C.</b>	25. DATE EC'D. BY LOCAL REG. <b>4-19-59</b>	26. REGISTRAR'S SIGNATURE <b>Ivera Marshall</b>	

B u r f o r d T. C a s e b o l d s e O N L Y B L A C K I N K O R R I B B O N T Y P E W R I T E I F P O S S I B L E

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

2  
A

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 .....  
*Harold E. Eckert*

Licensed Embalmer No. 3035  
P. O. 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.