THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021568

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2868

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) KANSAS CITY — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) NORWOOD NURSING HOME — Length of stay in 1b 40 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 557 GLENDALE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: JAMES W. MOORE

4. DATE OF DEATH Month Day Year: JUNE 11, 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: 6. 9 1891
9. AGE (In years Last birthday): ~~81~~ 68 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED GOV. EMPLOYEE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): HEMPLE, MO.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ALFRED MOORE
13b. MOTHER'S MAIDEN NAME: LUCY TODD
14. NAME OF HUSBAND OR WIFE: JULIA MOORE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): W.W. 1.
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT Address: CHARLES E. SLIGER, 3400 KENSINGTON K.C . MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive heart disease
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 1-15-57, to 6-11-59 and last saw her/him alive on 6-8-59
Death occurred at 6:00 Am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. M. Haight MD
22b. ADDRESS: 3401 E 12th KC Mo
22c. DATE SIGNED: 6-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 12, 1959
23c. NAME OF CEMETERY OR CREMATORY: MT. WASHINGTON CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

24. FUNERAL DIRECTOR ADDRESS: D W Newcomer's Son, K.C. Mo
25. DATE RECD. BY LOCAL REG.: 6-12-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. M. Haight

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed Chester K. Brown

Signature of Student Embalmer

Licensed Embalmer No. 493

P. O. Address L. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.