

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025309

FILED VS AUG 14 1959

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3749 STATE FILE NUMBER

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) KANSAS CITY		Length of stay in 1b 1 yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4212 Benton Blvd.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4212 Benton			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle ANGELINE Last MOORE				4. DATE OF DEATH Month July Day 30 Year 1959			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-31-1891	9. AGE (last birthday) 67 yrs	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Carsicanna, Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Demos Levi			13b. MOTHER'S MAIDEN NAME Harriett Williams		14. NAME OF HUSBAND OR WIFE Hiram Moore		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. No	17. INFORMANT Ruth Moore 4212 Benton Daughter Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Regeneration						INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____							
DUE TO (c) Hypertension						2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year _____							
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 K.C.		COUNTY Jackson	STATE mo
21. I attended the deceased from 5/15/59 to 7/30/59 and last saw her alive on 7/28/59 Death occurred at 10:30 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Turner (degree or title)				22b. ADDRESS 1612 E 12th Ave		22c. DATE SIGNED 8/31/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-3-59	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) Muskogee, Oklahoma (State)	
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton ADDRESS				25. DATE RECD. BY LOCAL REG. 8-3-59	26. REGISTRAR'S SIGNATURE Kevin Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. Turner

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

Michael S Green

Licensed Embalmer No. 4721

P. O. Address 15th & Penton

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.