

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS SEP 4 1959

59-029215

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4009

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) <b>KANSAS CITY</b>		Length of stay in 1b <b>LIFE 87 y.</b>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HAVEN MANOR REST HOME</b> <b>3526 WALNUT K. C. MO.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1113 BRSSHCREEK BLVD.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALLIE BEATTY MOORE</b>			4. DATE OF DEATH Month Day Year <b>AUG 15, 1959</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-26-1870</b> <del>UNKNOWN</del>	9. AGE (last birthday) <b>88</b> <del>UNKNOWN</del>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>JACKSON CO. MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>THOMAS MOORE</b>		13b. MOTHER'S MAIDEN NAME <b>JANE E. BEATTY</b>	
14. NAME OF HUSBAND OR WIFE <b>NONE</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>NONE</b>	
17. INFORMANT <b>MRS. VICTOR H. WHITE 204 EAST 110 st.</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>Lobar Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating 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) <b>General Debility &amp; Senility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 days</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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		COUNTY STATE	
21. I attended the deceased from <b>Jan 1958</b> , to <b>8/15/59</b> and last saw her/him alive on <b>8/15/59</b> Death occurred at <b>11 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>H.S. Prentiss M.D.</b>		22b. ADDRESS <b>900 Rialto Bldg</b>	
22c. DATE SIGNED <b>8/18/59</b>		22d. LOCATION (City, town, or county) <b>INDEPENDENCE, MO.</b>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>AUG 18, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEM</b>	
23d. LOCATION (City, town, or county) <b>INDEPENDENCE, MO.</b>		24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS K. C. MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-18-59</b>	
26. REGISTRAR'S SIGNATURE <b>new mitchell</b>					

DOCUMENT

BY AFFIDAVIT OF H. S. Prentiss M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert H. Seeger

Licensed Embalmer No. 4812

P. O. Address Wasson Co

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.