URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-032488

FILED VS SEP 25 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4493 STATE FILE NUMBER

ENDED

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

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) 7330 CHESTNUT — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LEWIS Middle RANDOLPH Last MOORE

4. DATE OF DEATH Month Day Year September 14, 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-23-76
9. AGE (last birthday) 83 — 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) Lawyer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Riney, Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Moore
13b. MOTHER'S MAIDEN NAME Harriett Randall
14. NAME OF HUSBAND OR WIFE Beulah MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT Address VA Hospital Official Records, K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with supra-ventricular tachycardia

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) Benign prostatic hypertrophy

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 September 10, 1959, to September 14, 1959 ~~xxxxxxxxx~~
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jn. Zimmerman Staff Surgeon
22b. ADDRESS V.A. Hosp. K.C. Mo
22c. DATE SIGNED 9-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT 16, 1959
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO

24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO.
25. DATE RECD. BY LOCAL REG. 9-15-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. A. Zimmerman DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Norman W. T. Hobson
Signature of Student Embalmer

Licensed Embalmer No. 4889

P. O. Address N. C. 2/0

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