

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040243

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5809

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) OR TOWN Kansas City,	Length of stay in 1b 20yrs	c. CITY OR TOWN Kansas City, Mo.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elms Nursing Home 1318 Armour		d. STREET ADDRESS (If outside, give location) 604 W. 10th	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last IDA BELLE MOORE			4. DATE OF DEATH Month Day Year December 2nd 1959			
5. SEX Female	6. COLOR OR RACE Wht.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 8 1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months <u>9</u> Days <u>6</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Salene Co. Missouri		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME William Watson		13b. MOTHER'S MAIDEN NAME Martha Wise		14. NAME OF HUSBAND OR WIFE John W. 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. none		17. INFORMANT Address Miss Georgia Ellen Moore		

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 Failure		INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic Arteriosclerotic Hypertensive Cardiovascular Disease	?
	DUE TO (c) Vascular Disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Vascular Accidents over several yrs.		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	
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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 Month, Day, Year a.m. p.m.	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 July 1958 to Dec 2 1959 and last saw her ^{her} alive on Dec 1 - 1959
Death occurred at 4:30A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Glenn H. Broyles, M.D.		22b. ADDRESS 1232 Professional Bldg.		22c. DATE SIGNED 12/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-2-59	23c. NAME OF CEMETERY OR CREMATORY Horton Cemetery	23d. LOCATION (City, town, or county) (State) Bosworth, Missouri	

24. FUNERAL DIRECTOR Roland R. Speaks Independence, Missouri		25. DATE RECD. BY LOCAL REG. 12-2-59	26. REGISTRAR'S SIGNATURE Gene Marshall
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Glenn H. Broyles

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 Rollie Fessenden

Licensed Embalmer No. 4690

P. O. Address Indep. M.

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.