

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015517

FILED VS MAY 16 1960 / 49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2425 STATE FILE NUMBER

INDEXED

5-11-60

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| 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 70 Yrs. | c. CITY OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4012 Harrison |

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| 3. NAME OF DECEASED (Type or print) First OTTO Middle A. Last MOAD | 4. DATE OF DEATH Month April Day 29 Year 1960 |
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|--------------------|-------------------------------|--|------------------------------------|--------------------------------------|--|--|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-28-1882 | 9. AGE (last birthday) -76-75 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|--------------------|-------------------------------|--|------------------------------------|--------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Furniture Salesman | 10b. KIND OF BUSINESS OR INDUSTRY Black Oak, Missouri | 11. BIRTHPLACE (City and state or country) U. S. A. | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME James Moad | 13b. MOTHER'S MAIDEN NAME Pernisa Elliott | 14. NAME OF HUSBAND OR WIFE Jennie P. Moad |
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| 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. 486-01-7292 | 17. INFORMANT Address Mrs. Wm. H. Hover, Leawood, Kansas |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease | | INTERVAL BETWEEN ONSET AND DEATH 1 yr | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Chronic pyelonephritis | | 2 yr |
| | DUE TO (c) | | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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| 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 |
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21. I attended the deceased from 2-60 to 4-29-60 and last saw her/him alive on 2-28-60
Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Mark Dodge MD | 22b. ADDRESS KC Mo | 22c. DATE SIGNED 4-29-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-2-60 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| 24. FUNERAL DIRECTOR Freeman Mortuary | ADDRESS Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 5-2-60 | 26. REGISTRAR'S SIGNATURE Reva Marshall |
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BY AFFIDAVIT OF Daughter (Informant) **Mark Dodge**

MEDICAL CERTIFICATION

Mr. Dodge

4635 Highland

J.C. 0552

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 J. Lauren Freeman Jr., Student Embalmer No. 582
working under my personal supervision.

Student

J. Lauren Freeman Jr.
Signature of Student Embalmer

Signed

Walter H. Currie

Licensed Embalmer No.

4352

P. O. Address

K. C. W.

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.