

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

697

67 0001883

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

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

FILED FEB 14 1967

1. PLACE OF DEATH

a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in 1b
10 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Luke's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jacksonc. CITY
OR
TOWN Kansas CityInside Limits
Yes ☒ No ☐d. STREET ADDRESS
(If outside, give location)
1420 W. 50th Terr.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
MARION LEE MOYES4. DATE OF DEATH
Month Day Year
February 2, 1967

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-6-1923 43 years9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)Minister

10b. KIND OF BUSINESS OR INDUSTRY

Church (Presby.)

11. BIRTHPLACE (City and state or country)

Union Star, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Palmer Moyes

13b. MOTHER'S MAIDEN NAME

Grace White

14. NAME OF HUSBAND OR WIFE

Johanna Moyes15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
511-36-390317. INFORMANT
Address
Johanna Moyes Kansas City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Bacterial PneumoniaINTERVAL BETWEEN
ONSET AND DEATH4 days.

DUE TO (b)

Pulmonary Metastases4 mos.

DUE TO (c)

Carcinoma of Esophagus-gastro junction14 mos.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Severe hypochromic anemia & leukopeniaPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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, Year20d. 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 9-9-66 to 2-2-67 and last saw him alive on 2-2-67
Death occurred 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE

(Degree or title)

C. Leslie Thompson, M.D.

22b. ADDRESS

4320 Wornall Rd. K.C. Mo 64112

22c. DATE SIGNED

2-3-6723a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

2-5-1967

23c. NAME OF CEMETERY OR CREMATORY

Union Star Cemetery

23d. LOCATION (City, town, or county)

Union Star, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gates Funeral Home Kansas City, Ks.

25. DATE RECD. BY LOCAL REG.

2-4-67

26. REGISTRAR'S SIGNATURE

Bertha Finley21st State Line KCK

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

C. Leslie Thompson

SEP 7 1967

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

Embalmed in KANSAS
Signed Carl M. Gowan

Kansas Licensed Embalmer No. 2652

P. O. Address Kansas City, Kansas

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.