

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 285

FILED FEB 14 1949

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 612 No Park	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 612 No Park			

3. NAME OF DECEASED (Type or Print) a. (First) Matthew b. (Middle) Franklin c. (Last) Moran			4. DATE OF DEATH (Month) (Day) (Year) 1/19/1949		
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5. SEX Male		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7/9/1880		9. AGE (In years last birthday) 68		10. UNDER 1 YEAR 6		11. UNDER 24 HRS. 9	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist				10b. KIND OF BUSINESS OR INDUSTRY WESTERN LDRY.				11. BIRTHPLACE (State or foreign country) Sheldon, Ill.				12. CITIZEN OF WHAT COUNTRY? US. a			
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13a. FATHER'S NAME Daniel Moran				13b. MOTHER'S MAIDEN NAME Sarah C. Risley				14. NAME OF HUSBAND OR WIFE Edith Ballew Moran			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. no				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Moran, 6511 Indep. Ave.,			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		: MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chl. Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) no II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no								INTERVAL BETWEEN ONSET AND DEATH 8 Hours Practical	
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19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? no			
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22. I hereby certify that I attended the deceased from **May 1, 1948**, to **Jan 19, 1949** that I last saw the deceased alive on **Jan 19, 1949**, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. B. Casebolt (Degree or title) MD				23b. ADDRESS 4000 Baltimore St. - 19-48				23c. DATE SIGNED 1-19-49			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/21/49		24c. NAME OF CEMETERY OR CREMATORY City Cemetery				24d. LOCATION (City, town, or county) (State) Liberty, Mo.			
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DATE REC'D BY LOCAL REG. 1-20-49		REGISTRAR'S SIGNATURE Sheldine Holmes				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, Kansas City, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Casebolt,
4000 Baltimore,
after 3 P M

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.

Signed.....

John P. Sheil

Signed.....

Student Embalmer

Licensed Embalmer No. *3625*

P. O. Address *Kansas City Mo*

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 this body is not embalmed, fact should be so stated above.