

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37428
4560

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1007		Registrar's No. _____	
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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 10 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		57-3	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL				d. STREET ADDRESS (If rural, give location) 3315 THE PASEO			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) A. c. (Last) Moyle		4. DATE OF DEATH OCT-22-1949		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG-14-1897		9. AGE (In years last birthday) 52 YEARS		10. UNDER 1 YEAR Months Days 11. UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY BLACK VEATCH		11. BIRTHPLACE (State or foreign country) ALPINE, UTAH		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOSEPH EDWARD MOYLE		13b. MOTHER'S MAIDEN NAME MATILDA CHOLOTA HANSON		14. NAME OF HUSBAND OR WIFE ALTA MOYLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR I 465-18-8585		17. INFORMANT'S SIGNATURE OR NAME MRS ALTA MOYLE		ADDRESS 3315 THE PASEO KANSAS CITY, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myeloid Leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2041				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Name of title) P. H. Schmidt				23b. ADDRESS St. Luke's Hospital		23c. DATE SIGNED 22 OCT 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT-25-1949		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) SALT LAKE CITY, UTAH	
DATE REC'D BY LOCAL REG 10-25-49		REGISTRAR'S SIGNATURE S. M. Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 22 1949

me by

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
Student Embalmer

Signed *Robert Ray*

Licensed Embalmer No. *4152*

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.