

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4953

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 759

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY,</u>	
c. LENGTH OF STAY (In this place) <u>71 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>235 WARD PARKWAY # 710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPTAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENTON</u>	b. (Middle) <u>C</u>	c. (Last) <u>MOSS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 16, 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 4, 1875</u>
9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 11 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>LOUISIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>CHARLES E. MOSS</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLOTTE MOSS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. CHARLOTTE MOSS 235 WARD PARKWAY</u>

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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Bronchogenic Carcinoma</u> <u>18mo.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 <u>10-2 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 2-15, 1950, to 2-16, 1950, that I last saw the deceased alive on 2-15, 1950, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Donald McFarland</u> (Degree or title)	23b. ADDRESS <u>215 Plaza Medical Bldg.</u>	23c. DATE SIGNED <u>2-17-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Pantheon</u>
		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>

DATE REC'D BY LOCAL REG. <u>2-18-50</u>	REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Large, in of body

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 *S. J. Allen*

Licensed Embalmer No. *1418*

P. O. Address *H. 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 this body is not embalmed, fact should be so stated above.