

No. 300
00.48

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8876
1208

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 Johnson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Holden, 0510	
c. LENGTH OF STAY (In this place) 12 hrs.		d. STREET ADDRESS (If rural, give location) Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Infant	b. (Middle) Moreland	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Mar. 10, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH March 10, 1950	9. AGE (In years last birthday) 12 hrs	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Kansas City Missouri Lake side Hospital	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Denver Moreland	13b. MOTHER'S MAIDEN NAME Helen L. Wilson	14. NAME OF HUSBAND OR WIFE infant.
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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. no	17. INFORMANT'S SIGNATURE OR NAME DENVER Moreland, Holden, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature - 6 month		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-10, 1950, to 3-10, 1950, that I last saw the deceased alive on 3-10, 1950, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE James W. Holmberg (Degree or title)	23b. ADDRESS Holden, Mo.	23c. DATE SIGNED 3/13/50
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24a. FUNERAL CREMATION REMOVAL Burial	24b. DATE 3-11-50	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Mo.
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DATE REC'D BY LOCAL REG. 3-14-50	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE E.B. CAST HOLDEN MO	ADDRESS [Signature]
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. 4059

P. O. Address Heldens, M

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.