

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13140  
1912

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 MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. LENGTH OF STAY (in this place) 69 years

d. FULL NAME OF DECEASED (Type or Print) ELBERT ANDERSON MOAD

d. STREET ADDRESS (If rural, give location) 3012 East 32nd

3. NAME OF DECEASED (Type or Print) ELBERT

a. (First)

b. (Middle) ANDERSON

c. (Last) MOAD

4. DATE OF DEATH (Month) (Day) (Year) APRIL 24, 1950

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH February 21, 1876

9. AGE (In years, last birthday) 74

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stonemason

10b. KIND OF BUSINESS OR INDUSTRY J. C. NICHOLS

11. BIRTHPLACE (State or foreign country) RICHMOND, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME JAMES W. MOAD

13b. MOTHER'S MAIDEN NAME PERNICIA ELLIOTT

14. NAME OF HUSBAND OR WIFE JENNIE MOAD

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. \$00-03-9121

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. JENNIE MOAD, 3012 East 32nd

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Edema  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Myocardial Regeneration  
DUE TO (c) Hypertension  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
1 day  
4 mo.  
unknown  
443X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to April 23, 1950, that I last saw the deceased alive on April 22, 1950 and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE John M. Powers (Degree or title) John M. Powers D.M.D.

23b. ADDRESS 3304 Linwood

23c. DATE SIGNED 4/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 4/26/50

24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 4-25-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 20 W. Linwood

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

*At St. Louis.  
3804 Lenwood*

*Tab 9244*

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Forest A. Colson*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *K. C. 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.