

FILED JAN 15 1951

STANDARD CERTIFICATE OF DEATH

State File No. 270

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) Life time		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital				d. STREET ADDRESS (If rural, give location) 3418 Monterey Street			
3. NAME OF DECEASED (Type or Print) a. (First) Louis		b. (Middle) Lowell		c. (Last) Moore		4. DATE OF DEATH (Month) (Day) (Year) January 1, 1951.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Jan. 1, 1882.	
9. AGE (In years) (Month) (Day) (Year) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Traveling Salesman. Western Gro		11. BIRTHPLACE (State or foreign country) Co. St. Joseph, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Moore		13b. MOTHER'S MAIDEN NAME Mary Litz		14. NAME OF HUSBAND OR WIFE Zoa Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. 491-09-4554		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Zoa Moore St. Joseph, Missouri.			
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) Generalized Lymphoblastoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage into 2d tract. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2021	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Operated Mayo's 10-21-50 - Diagnosis est. by path.				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) (Minute)		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 6-16, 1950, to 1-1-51, that I last saw the deceased alive on 1-1, 1951, and that death occurred at 6:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert McKie, M.D.				23b. ADDRESS P.O. Bldg. - St. Joseph, Mo.		23c. DATE SIGNED 1-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 3, 1951.		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery.		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	
DATE REC'D BY LOCAL REG. Jan 5, 1951		REGISTRAR'S SIGNATURE 446 Carl C. Cusick		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Meierhoffer St. Joseph, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 18 1951

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.....

Albert L. Harrington

Signed.....
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address..... St. Joseph, Missouri

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.