

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1245

State File No. ....

20

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
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. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>0483</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1709 Appleton</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Alfred</u>		b. (Middle) <u>Frank</u>		c. (Last) <u>Moore</u>	
4. DATE OF DEATH		(Month) <u>January</u>		(Day) <u>1</u>		(Year) <u>1951</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>Nov. 4, 1895</u>		9. AGE (in years last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maintanince</u>		11. BIRTHPLACE (State or foreign country) <u>Atchison, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alfred H. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Truitt</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. A. Moore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Navy</u>		16. SOCIAL SECURITY NO. <u>490-09-2531</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B.W. West, 3812 Park, K.C., Missouri</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive myocarditis</u> DUE TO (c) <u>Chronic glomerular nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fibrinole pericarditis</u> <u>acute pancreatitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>  <u>5921</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 <u>12-28</u> , 19 <u>50</u> , to <u>1-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-1</u> , 19 <u>51</u> , and that death occurred at <u>10:35 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph W. Parker Jr.</u> (Degree or title)				23b. ADDRESS <u>2603 E 31<sup>st</sup> St. Hamlet, Mo</u>		23c. DATE SIGNED <u>1-1-51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-3-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Carson Funeral Home, Indep. Mo.</u>			

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

JAN 23 1953

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

*Harold E. Keadel*

Signed.....

Student Embalmer

Licensed Embalmer No.

*4609*

P. O. Address

*Independence, Mo*

Notes: 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.