

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8690**
1293

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>				a. STATE <u>Kansas</u>		b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		<u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>I428 S. 3I</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
(Type or Print)			(Month) (Day) (Year)				
a. (First) <u>Andrew</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Moore</u>		<u>Mar. 23, 51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 28, 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Am. Car Wks.</u>		11. BIRTHPLACE (State or foreign country) <u>Galena, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Erma 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>no</u>		16. SOCIAL SECURITY NO. <u>510-05-3852</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Erma A. Moore</u>		ADDRESS <u>K.C.K.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial failure</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Coronary occlusion and myocardial infarction</u>					
		DUE TO (c) <u>dial infarction</u>					<u>3 days</u>
		II. OTHER SIGNIFICANT CONDITIONS					<u>4201</u>
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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>3-20-51</u> , 19 <u>51</u> , to <u>3-23-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-23-51</u> , 19 <u>51</u> , and that death occurred at <u>_____</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. G. Neighbor</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3119 Strong, Kansas City, Kans.</u>		23c. DATE SIGNED <u>3-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-24-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Simmons</u>		ADDRESS <u>K.C.K.</u>	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

H. Summers

Signed
Student Embalmer

Licensed Embalmer No. 3903

P. O. Address FEK

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.