

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5428**
Registrar's No. **73**

FILED FEB 28 1952

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 73		
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 Independence, Routes		c. LENGTH OF STAY (In this place) 39yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence, Route 5				
d. FULL NAME OF HOSPITAL OR INSTITUTION 5348 Ridgeway				d. STREET ADDRESS (If rural, give location) 5348 Ridgeway				
3. NAME OF DECEASED (Type or Print) a. (First) I. b. (Middle) LORRAINE c. (Last) MOBERLY			4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1952					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 28, 1912	9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Elmer G. Phelps			13b. MOTHER'S MAIDEN NAME Iona Roberta Phelps		14. NAME OF HUSBAND OR WIFE L. C. Moberly			
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. None		17. INFORMANT'S SIGNATURE OR NAME L. C. Moberly, 5348 Ridgeway, R#5 Indep. ADDRESS MO				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema					INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Mitral and Tricuspid Endocarditis					15 yrs.	
		DUE TO (c) Rheumatic Pancarditis					15 yrs.	
II. OTHER SIGNIFICANT CONDITIONS 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 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 Feb. 1, 1948 , to Feb. 11, 1952 , that I last saw the deceased alive on Feb. 11, 1952 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) John H. Caldwell M.D.				23b. ADDRESS 306 E. 12 St. Kansas City, Mo.		23c. DATE SIGNED 2/12/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/14/52		24c. NAME OF CEMETERY OR CREMATORY Madison, Mo.		24d. LOCATION (City, town, or county) (State) Madison, Missouri		
DATE REC'D BY LOCAL REG. 9-14-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO.				

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

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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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.