

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16665

State File No.

2469

FILED JUN 3 1952
BIRTH NO. 36362

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 3718	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 28 hours		d. STREET ADDRESS (If rural, give location) 4536 Mercier	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) David	b. (Middle) Richard	c. (Last) Moss	4. DATE OF DEATH (Month) (Day) (Year) June 1 1952
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5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Sgl M	8. DATE OF BIRTH May 30 1952	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (State or foreign country) Kansas City Mo. 0	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Francis B. Moss	13b. MOTHER'S MAIDEN NAME Edith M. Merwin	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Francis B. Moss, Kansas City Mo.	ADDRESS Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 30 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anox		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION June 1 1952	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 30, 1952**, to **June 1, 1952**, that I last saw the deceased alive on **May 31, 1952**, and that death occurred at **1:30 A.**, from the causes and on the date stated above.

23a. SIGNATURE R.H. Mitchell	(Degree of title) H. Mitchell MD	23b. ADDRESS 1102 Grand Ave K.C. Mo.	23c. DATE SIGNED 6-1-52
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24a. BURIAL CREMATION/REMOVAL (Specify) Burial	24b. DATE June 2-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) Plattsburg Mo.
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DATE REC'D BY LOCAL REG. 6-1-52	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Wagner Funeral Home	ADDRESS K C Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Robert Mitchell

Call Wagner Funeral Home when signed Va. 4559

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

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.