

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

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35114

State File No. 4721  
Registrar's No. 4511

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>	
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 town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>45 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY, MO</u>		d. STREET ADDRESS (If rural, give location) <u>4036 WAYNE AVENUE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4036 WAYNE AVENUE</u>			d. STREET ADDRESS (If rural, give location) <u>4036 WAYNE AVENUE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>LOGAN</u>		c. (Last) <u>MOON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 26 1952</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>June 21-1875</u>		9. AGE (In years last birthday) <u>77</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector Retired 14 years</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western League Association</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Humboldt, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>George Moon</u>		13b. MOTHER'S MAIDEN NAME <u>Rachael Danenbaker</u>		14. NAME OF HUSBAND OR WIFE <u>Adeline Moon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>708-12-6059</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS Adeline Moon</u> ADDRESS <u>4036 Wayne Ave. Jackson, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Failure</u>				<u>2 1/2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis</u>				<u>year</u>
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>				<u>4 1/2 wks</u>
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) _____		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>8-10</u> , 19 <u>52</u> , to <u>10-26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-25</u> , 19 <u>52</u> , and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Hubert B. Parker</u> (Degree or title) <u>MD MD</u>			23b. ADDRESS <u>520 Conyle Bldg</u>		23c. DATE SIGNED <u>10-27-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 28, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>10-28-52</u>		REGISTRAR'S SIGNATURE <u>Deraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. Muscom's Sons</u> ADDRESS <u>1331 Birch Creek, Jackson, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

V 1 3 2 3 3

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

*Edna Thomas*

Licensed Embalmer No. *2640*

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.