

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5694**

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 955

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Armour N. Home		d. STREET ADDRESS (If rural, give location) Armour Home 8100 Wornall Rd.	
3. NAME OF DECEASED a. (First) MRS. TALITHA (Type or Print)		b. (Middle) MOORE	c. (Last) AMENT
4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 53		5. SEX F	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 9, 1860		9. AGE (In years last birthday) 92	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Edwin Moore		13b. MOTHER'S MAIDEN NAME Sarah J. Shawhan	14. NAME OF HUSBAND OR WIFE Henry Dodridge Ament
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. No	17. INFORMANT'S SIGNATURE OR NAME Armour Home 8100 Wornall Rd. Miss Elizabeth R. Schreiber, Supt.

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2da
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic Hypertension		1 year
		DUE TO (c) Senility		42-53
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 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 Feb, 1951, to 2-10, 1953, that I last saw the deceased alive on 2-10, 1953, and that death occurred at 4:40A m., from the causes and on the date stated above.

23a. SIGNATURE Charles E. Lee (Degree or title) MD		23b. ADDRESS 1740 S. Lewis, Bldg. Room 213-53		23c. DATE SIGNED 2-13-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-14-53		24c. NAME OF CEMETERY OR CREMATORY Ridge Park		24d. LOCATION (City, town, or county) (State) Marshall, Missouri	
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DATE REC'D BY LOCAL REG. 2-14-53		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE STINE-McCLURE		ADDRESS K.C.MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Chertoff, Rec
Pharmacia Corp.
J. 2116

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 Francis J. Walter

Licensed Embalmer No. 2744

P. O. Address R. O. M.

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.