

FILED AUG 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28765**
3811

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

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

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 OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>55 years</u>		c. CITY OR TOWN <u>Kansas City</u>		d. If residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>May's Rest Home 3215 Campbell St.</u>				e. STREET ADDRESS (If rural, give location) <u>1530 Wabash</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u>			b. (Middle) _____		c. (Last) <u>MOATS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>12-8-1884</u>		9. AGE (in years last birthday) <u>68</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 1 MONTH <input type="checkbox"/> UNDER 1 HOUR <input type="checkbox"/> UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during part of waking life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Painter</u>		11. BIRTHPLACE (City and State) or Foreign Country <u>Fulton Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Arius Moats</u>			13b. MOTHER'S MAIDEN NAME <u>Clarissa Dawler</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give way or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Woodbury</u> ADDRESS <u>8 E 57th Lenore</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General debility</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Bladder infection (n.m.a)</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>605+</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>7-20</u> , 19 <u>53</u> , to <u>7-31</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-25</u> , 19 <u>53</u> , and that death occurred at <u>4:0</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Gertrude Stevens</u> (Degree or title) <u>DD-2</u>				23b. ADDRESS <u>1103 E. Winona</u>			23c. DATE SIGNED <u>7-31-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>Aug 1 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>			
DATE REC'D BY LOCAL REG. <u>8-1-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Kilba Funeral Home</u> ADDRESS <u>2315 Linwood St.</u>				

(Licensed Embalmer's Statement on Reverse Side)

2000

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.....
Signature of Student Embalmer

Signed *Chas E. Wilkes*

Licensed Embalmer No. *264*

P. O. Address *1105 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.