

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39197**
5192

FILED NOV 19 1953

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

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 Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 YEARS		e. STREET ADDRESS (If rural, give location) 715725 Woodland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) RICHARD c. (Last) MOSS		4. DATE OF DEATH (Month) (Day) (Year) 10/29/53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25, 1925
9. AGE (In years last birthday) 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	11. BIRTHPLACE (City and State or Foreign Country) Falls City, Nebraska
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Safeway STORES	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Hobart Moss		13b. MOTHER'S MAIDEN NAME Oma Blunt	14. NAME OF HUSBAND OR WIFE Madeline Moss (Wife)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 515-18-7957	17. INFORMANT'S SIGNATURE OR NAME Madeline Moss, Kansas City, Mo. ADDRESS 5725 Woodland Ave.

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		6 mo
ANTECEDENT CAUSES		DUE TO (b) Carcinoma of colon		2 1/2 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		153 h
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 9-10-51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon (recto-sigmoid)		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) (Min.)		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 **9-10, 1951**, to **10-29, 1953**, that I last saw the deceased alive on **10-29, 1953**, and that death occurred at **6:55 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Cummins M.D.	(Degree or title)	23b. ADDRESS 1619 Prof. Bldg.	23c. DATE SIGNED 10-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 2, 1953	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 11-2-53	REGISTRAR'S SIGNATURE Heraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer Sons ADDRESS 1331 BAYVIEW PARK KANSAS CITY, MO.	

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

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 *Clare J. Carr, Jr.*.....

Licensed Embalmer No. *4930*.....

P. O. Address *R. C. 10, 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.