

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8830

State File No.

FILED MAR 18 1954

992

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| BIRTH NO. | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY Jackson | | a. STATE Missouri | | b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Kansas City Mo | | c. LENGTH OF STAY (in this place) 3 eps | | 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"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 | | | | e. STREET ADDRESS (If rural, give location) 3404 Colorado | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) William | | b. (Middle) | | c. (Last) Moore | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 4. DATE OF DEATH (Month) (Day) (Year) 2 27 1954 | |
| 8. DATE OF BIRTH 1900 1869 | | 9. AGE (In years last birthday) 85 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 11. BIRTHPLACE (City and State or Foreign Country) Sugarloock Miss. 1 | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Elizabeth Moore | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify known) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS White Nickelson 3404 Colorado | | | |
| 18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis | | | | | |
| | | ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) Acute necrotic colitis with perforation. | | | | | |
| | | DUE TO (c) | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombosis of right pulmonary and both iliac arteries. | | | | 5711 | |
| 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>2-26-54</u> 19 <u>54</u> , to <u>2-27-54</u> 19 <u>54</u> , that I last saw the deceased alive on <u>2-27-54</u> 19 <u>54</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) E. Frank Ellis MD | | | | 23b. ADDRESS 600 East 22nd Street | | 23c. DATE SIGNED 3-1-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3/6/54 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. | |
| DATE REC'D BY LOCAL REG. 3-5-54 | | REGISTRAR'S SIGNATURE Seraldine Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Manlove & Williams 1729 Lydia | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 *J J Manlove*

Licensed Embalmer No. *3994*
P. O. Address *2503 High*

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.