

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30734**  
**4322**

FILED OCT 4 1954

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>		f. STREET ADDRESS (If rural, give location) <b>5803 Jackson</b>	
3. NAME OF DECEASED a. (First) <b>Etta</b> b. (Middle) <b>Sonora</b> c. (Last) <b>Moore</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 7 1954</b>	
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 17, 1880</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Columbus, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>James P. Fulderson</b>	
13b. MOTHER'S MAIDEN NAME <b>Martha Crisp</b>		14. NAME OF HUSBAND OR WIFE <b>Butler W. Moore</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>James B. Moore</b>		ADDRESS <b>9705 Richmond Hickman Mills, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe pulmonary atelectasis and shock (clinically)</b> ANTECEDENT CAUSES <b>Cardiac failure</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac failure</b> DUE TO (c) <b>Fracture of right hip</b> 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>29030 20</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Above address</b>	
21c. (CITY, TOWN, OR TOWNSHIP) <b>Kansas City, Jackson, Missouri</b>		(STATE) <b>Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9 1 1954 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Fell in yard</b>		22. I hereby certify that I attended the deceased from <b>Sept. 1, 1954</b> , to <b>Sept. 7, 1954</b> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <b>Sept. 7, 1954</b> , and that death occurred at <b>6:13A m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title)		23b. ADDRESS <b>24th &amp; Cherry</b>	
23c. DATE SIGNED <b>9-7-54</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Sept 9, '54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Raymore Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Raymore, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. K. George &amp; Sons</b>	
25. ADDRESS <b>Belton, Mo.</b>		DATE REC'D BY LOCAL REG. <b>9-9-54</b>	
REGISTRAR'S SIGNATURE <b>Martha Minshall</b>		FEDERAL DIRECTOR'S SIGNATURE <b>Richard George</b>	

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

OCT 27 1954

OCT 4 1954

*Victor*

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 *Richard E. Searge*

Licensed Embalmer No. *395*

P. O. Address *Bellton, N*

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.