

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8336

State File No. ....

FILED APR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1340

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 township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>47 yrs.</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4808 EAST 6<sup>th</sup> ST.</b>		f. STREET ADDRESS (If rural, give location) <b>4808 EAST 6<sup>th</sup> STREET</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>	b. (Middle) <b>ROY</b>	c. (Last) <b>MOORE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-24-1955</b>
--	------------------------	------------------------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 14-1883</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <b>ELECTRICIAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SHEFFIELD STEEL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ATWOOD, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	--	--	--

13. FATHER'S NAME <b>Louis F. Moore</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Schultzy</b>	14. NAME OF HUSBAND OR WIFE <b>SADIE MAY MOORE</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>487-05-4270</b>	17. INFORMANT'S SIGNATURE OR NAME <b>SADIE MAY MOORE</b>	ADDRESS <b>K.C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 months</b> <b>3 years</b> <b>2 years</b> <b>4221</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis with</b> DUE TO (c) <b>Arteriosclerosis</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 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 June 15, 1950, to March 24, 1955, that I last saw the deceased alive on March 19, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James J. Critten</b> (Degree or title)	23b. ADDRESS <b>3119 Troost St. K.C. Mo.</b>	23c. DATE SIGNED <b>3-25-55</b>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>March 26-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wm. Washington Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>3-25-55</b>	REGISTRAR'S SIGNATURE <b>new minimal</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. Blackman &amp; son</b>	ADDRESS <b>K.C. Mo.</b>
---	--	---	-------------------------

(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..... *W.C. Rinne*.....

Licensed Embalmer No... *4879*...

P. O. Address *K.C. Miss*.....

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.