

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26349

State File No.

3508

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>605 1/2 E 5th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NICK</u> b. (Middle) _____ c. (Last) <u>MOLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 7, 1955</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, ⁰ WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>2-24-1900</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Lab</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Brounna La</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Joseph Moley</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Arnold</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-14-8871</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alex Moley</u>		ADDRESS <u>605 1/2 E 5th</u>	
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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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from April, 19 51 to August, 19 55 that I last saw the deceased alive on July 18, 19 55 and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry K. Cohen</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kansas City</u>		DATE SIGNED <u>8/9/55</u>	
		318 Argyle Bldg. Mo.			

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/15/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Cleveland</u>		24d. LOCATION (City, town, or county) (State) <u>K. City Mo.</u>	
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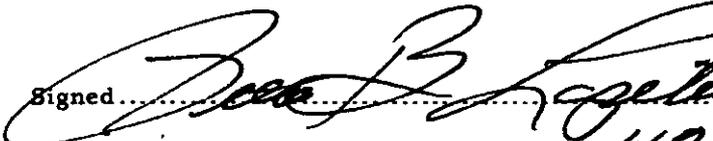
DATE REC'D BY LOCAL REG. <u>8-10-55</u>		REGISTRAR'S SIGNATURE <u>Wendy Marshall</u>		FEDERAL DIRECTOR'S SIGNATURE <u>John A. ...</u>		ADDRESS <u>K-c-mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Harry K. Cohen

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.....


Licensed Embalmer No. 42.....

P. O. Address RCT.....

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.