

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13416

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1390

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) Kansas City

c. CITY OR TOWN Hickman Mills

d. Is Residence within limits of a city or incorporated town? Yes  No

c. LENGTH OF STAY (in this place) 7 months

d. FULL NAME OF HOSPITAL OR INSTITUTION 3231 Prospect Nursing Home STREET ADDRESS (If rural, give location) 110th & Prospect

3. NAME OF DECEASED  
a. (First) Bessie b. (Middle) Carolyn c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) 3 29 56

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH June 3, 1891

9. AGE (in years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and State or Foreign Country) Hickman Mills Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hillman H. Holmes

13b. MOTHER'S MAIDEN NAME Rose M. Connely

14. NAME OF HUSBAND OR WIFE Robert Lin Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 488-36-0231

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert R. Moore, Hickman Mills, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Generalized Arteriosclerosis  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH  
30 min  
?  
33 1/2

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1953, to March 29, 1956, that I last saw the deceased alive on March 25, 1956, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE William A. Kells (Degree or title) M.D.

23b. ADDRESS Grandview Mo

23c. DATE SIGNED 3/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-31-56

24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

24d. LOCATION (City, town, or county) (State) Jackson County, Missouri

DATE REC'D BY LOCAL REG. 3-31-56 REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. GEORGE & SONS, INC. GRANDVIEW, MISSOURI

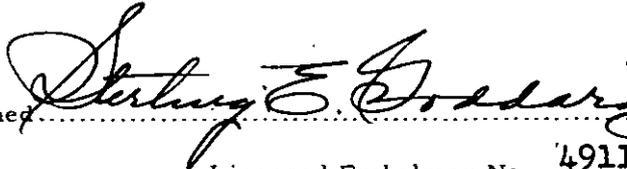
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. 4911

P. O. Address Grandview, MI

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.