

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16509**  
Registrar's No. **1888**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1888</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a.-STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Grandview</u>		In 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 <u>Memorial Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>12804 Tenth St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Porter</u> b. (Middle) <u>Reese</u> c. (Last) <u>Moreland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 30 56</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-2-18</u>			
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Manager</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Life Insurance Co</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Rich Hill, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>									
13a. FATHER'S NAME <u>A. C. Moreland, Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Irene Reese</u>			14. NAME OF HUSBAND OR WIFE <u>Ilene Moreland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>W. W. #2 496-10-7936</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ilene Moreland Grandview, Missouri</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>carcinomatous involving liver, lung, kidney, lymph nodes.</u>				DUE TO (b) <u>carcinoma of esophagus</u>				7 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Bronchopneumonia</u>				153X	
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"/>			
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>4-28</u> , 1956, to <u>4-30</u> , 1956, that I last saw the deceased alive on <u>4-30</u> , 1956, and that death occurred at <u>6:55 AM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>William L. Doane</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Grandview, MO.</u>		23c. DATE SIGNED <u>4-30-56</u>			
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>May 2, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Orrick, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-1-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. George &amp; Sons, Inc Grandview, Mo</u> <u>Richard Henry</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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. George*

Licensed Embalmer No. *3957*

P. O. Address... *Beltersville*

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.