

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23874**
3097

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3097

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 OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 8 Mon		STREET ADDRESS (If rural, give location) 75 4945 Troost 3150	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Ruth	b. (Middle) I	c. (Last) Moyers	4. DATE OF DEATH (Month) (Day) (Year) 7 16 1956
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5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JUNE 29-1923	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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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) SANNIN COUNTY TEXAS	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME IREDELL WOODS	13b. MOTHER'S MAIDEN NAME DOMYNA REED	14. NAME OF HUSBAND OR WIFE CHARLES T MOYERS
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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. 487-20-9651	17. INFORMANT'S SIGNATURE OR NAME CHARLES T MOYERS ADDRESS 4945 TROOST
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1571
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bilateral congenital polycystic kidneys DUE TO (c) _____ 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"/>
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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 July 9, 1956, to July 16, 1956, that I last saw the deceased alive on July 16, 1956, and that death occurred at 2:35P m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) ^U	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 7-17-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JULY 17, 56	24c. NAME OF CEMETERY OR CREMATORY CHILDRESS CEM.	24d. LOCATION (City, town, or county) (State) CHILDRESS TEXAS
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DATE REC'D BY LOCAL REG. 7-17-56	REGISTRAR'S SIGNATURE Nevar Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS K.C. Mo.
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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..... *Edward M. Stacey*

Licensed Embalmer No. *445*

P. O. Address *K.E. 7*

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.