

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

44499
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5994

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rayville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Curtis Nursing Home		Length of stay in 1b 34 days	d. STREET ADDRESS None		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sarah Middle Ada Last Moffit			4. DATE OF DEATH Month 12 Day 18 Year 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-20-1879	9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Paradise, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James I. Land			14. MOTHER'S MAIDEN NAME Elizabeth King		
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. none	17. INFORMANT Address Mrs. Lawrence Endsley, Rt. #2, Ex. Springs, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart disease DUE TO (b) Arteriosclerosis DUE TO (c) Dehydration PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Dehydration					INTERVAL BETWEEN ONSET AND DEATH unknown unknown 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 17 Dec 57 to 18 Dec 57 and last saw her him alive on 17 Dec 57 Death occurred at 10:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Type or print) William R. Doherty, MD			22b. ADDRESS 12921 Grandview Rd.		22c. DATE SIGNED 18 Dec 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-18-57	23c. NAME OF CEMETERY OR CREMATORY Old New Garden		23d. LOCATION (City, town, or county) (State) Rural, Excelsior Springs, Mo.
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelsior Springs, Missouri		25. DATE RECD. BY LOCAL REG. 12-18-57		26. REGISTRAR'S SIGNATURE vera munsell	



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 *Indeep K. Sharma*

Licensed Embalmer No. 450
Excelsior Springs
P. O. Address

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.