

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001448

STATE FILE NUMBER

373

FILED FEB 5 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 373

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5331 HIGHLAND AVE LITTLE SISTERS OF CHARITY		Length of stay in lb 35 YEARS	d. STREET ADDRESS (If outside, give location) 7555 WALNUT ST.
3. NAME OF DECEASED (Type or print) First Middle Last TOBE HUFFMAN MOSS			4. DATE OF DEATH Month Day Year JAN 18 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 20 1876
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY STATIONARY	11. BIRTHPLACE (City and state or country) UNIONTOWN WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME JAMES Moss	13b. MOTHER'S MAIDEN NAME SARAH HUFFMAN
14. NAME OF HUSBAND OR WIFE		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. 495-03-0491A
17. INFORMANT Address FRANK MOSS ST. JOSEPH MISSOURI		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia (Hypostatic)</u> DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>4501</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Gangrene of legs (atherosclerotic)</u>	
19. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>10 yrs</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>4501</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from <u>9/29/57</u> to <u>1/18/59</u> and last saw him alive on <u>1/17/59</u> Death occurred at <u>7:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Joseph A. Fogarty</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>402 Northman Dr. K. C. Mo.</u>	
22c. DATE SIGNED <u>1/19/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>JAN. 20 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	
23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		24. FUNERAL DIRECTOR <u>D. W. NEWCOMER'S SONS - KANSAS CITY, MO.</u> ADDRESS <u>1331 BRUSH CREEK</u>	
25. DATE RECD. BY LOCAL REG. <u>1-20-59</u>		26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Kenneth W. Johnson*

Licensed Embalmer No. *4887*

P. O. Address *A. C. Ho.*

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.