

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015523

FILED VS APR 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1844 STATE FILE NUMBER

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		Length of stay in lb 8 YRS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 23rd HARRISON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2335 PROSPECT

3. NAME OF DECEASED (Type or print) First Middle Last WILLIE B. MOORE	4. DATE OF DEATH Month Day Year 3-26-1960
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5. SEX MALE	6. COLOR OR RACE COLORED	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-11-1925	9. AGE (last birthday) 35	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY WAREHOUSE	11. BIRTHPLACE (City and state or country) CAMBRIDGE, OKLA	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Crawford Moore	13b. MOTHER'S MAIDEN NAME Lena Coles	14. NAME OF HUSBAND OR WIFE MARY MOORE
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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. 443-24-1347	17. INFORMANT MARY MOORE, K.C., MO. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Traumatic Shock	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Right Subdural Hemorrhage	
	DUE TO (c)	Fell from high elevation

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY Hour 7 a.m. ? p.m.	Month, Day, Year ?
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23rd HARRISON	20f. CITY, TOWN, OR LOCATION KANSAS CITY, JACKSON, MO	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw him/her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Deputy Coroner W. Pittman	22b. ADDRESS 1618 Lydia Ave.	22c. DATE SIGNED 3/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-1-1960	23c. NAME OF CEMETERY OR CREMATORY BLUE ROUGE LAWN	23d. LOCATION (City, town, or county) KANSAS CITY, MO
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24. FUNERAL DIRECTOR BROWN-HUDSON, K.C., MO. ADDRESS	25. DATE RECD. BY LOCAL REG. 3-30-60	26. REGISTRAR'S SIGNATURE neva Marshall
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DOCUMENT BY AFFIDAVIT OF M. T. TILLEY MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Parker

Licensed Embalmer No. 501

P. O. Address N.C. 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.