MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-031199

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4039 STATE FILE NUMBER

FILED AUG 20 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Conley Maternity Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7814 E. 112th Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOHN Middle: AARON Last: MOSE

4. DATE OF DEATH Month, Day, Year: July 11, 1962

5. SEX: MALE
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/10/62
9. AGE (last birthday) — IF UNDER 1 YEAR: Months — Days: 1 — IF UNDER 24 HR: Hours: 12 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): K. C., Mo.
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Larry ~~Mose~~ MOSE
13b. MOTHER'S MAIDEN NAME: Valerie King
14. NAME OF HUSBAND OR WIFE: ~~Valerie Mose~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Valerie mose — Address: K.C. Mo.

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)	Cerebral hypoxia	3-5 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hyalin membrane disease	24-36 hrs
DUE TO (c)	Prematurity	4-6 wks

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7/10/62 to 7/11/62 and last saw him alive on 7/11/62
Death occurred at 8:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION

22a. SIGNATURE: Richard F. Spavins (Degree or title) Do
22b. ADDRESS: 2105 Independence Ave., K. C., Mo.
22c. DATE SIGNED: 8-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Anatomical
23b. DATE: 7/11/62
23c. NAME OF CEMETERY OR CREMATORY: KCCOS, 2105 Independence Ave.
23d. LOCATION (City, town, or county) (State): K. C., Mo.

24. FUNERAL DIRECTOR: K.C. College of Osteopathy — ADDRESS: K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 8-6-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

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.