

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-040296

DO NOT WRITE ON THIS STUB

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 9617 STATE FILE NUMBER

<p>1. PLACE OF DEATH</p> <p>a. COUNTY Jackson</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Indep. Sanit. & Hospital Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE MISSOURI b. COUNTY JACKSON</p> <p>c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 11210 East 39th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last Ruby Lee Moran</p> <p>4. DATE OF DEATH Month Day Year Oct. 6 1963</p>		<p>5. SEX Female 6. COLOR OR RACE White</p> <p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH 6-3-1924 9. AGE (last birthday) 39</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE</p> <p>10b. KIND OF BUSINESS OR INDUSTRY -----</p>		<p>11. BIRTHPLACE (City and state or country) INDEPENDENCE, MO.</p> <p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>	
<p>13a. FATHER'S NAME AMBROSE J. FILLINGER</p> <p>13b. MOTHER'S MAIDEN NAME ETHEL LOUDON.</p>		<p>14. NAME OF HUSBAND OR WIFE LAWRENCE PATRICK MORAN</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)</p> <p>16. SOCIAL SECURITY NO. _____</p>		<p>17. INFORMANT Address Mary Barnhart, 1130 West 27th St., Indep. Mo.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Shock & hemorrhage</p> <p style="text-align: center;">DUE TO (b) Contusion head crushed chest</p> <p style="text-align: center;">DUE TO (c) Compound dislocation ulnar radius</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) of M. M.</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Passenger in car that</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year 10-6-63</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4000 Hwy</p> <p>20f. CITY, TOWN, OR LOCATION Jackson COUNTY MO STATE</p>	
<p>21. I attended the deceased from _____ and last saw her alive on _____</p> <p>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) Mrs. H. A. Owens</p>		<p>22b. ADDRESS 152 Union Station</p>	
<p>22c. DATE SIGNED 10-6-63</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL</p>	
<p>23b. DATE 10-9-63</p>		<p>23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY</p>	
<p>23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI</p>		<p>24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.</p>	
<p>25. DATE RECD. BY LOCAL REG. 10-8-63</p>		<p>26. REGISTRAR'S SIGNATURE Alba L. Craig</p>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 ITEM NO.

VS 300 Rev. 4/59
 17005
 27005
 3
 4 1
 5 1
 6
 7 0
 8 1
 9 X
 10
 11 700
 12 99-3
 13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

OCT 29 1963

OCT 24 1963

10-8-63

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

Raymond E. Stevenson

Licensed Embalmer No. 4266

P. O. Address Independence, Mo.

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.