

FILED SEP 17 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

68 0036172

CERTIFICATE OF DEATH

Registration District No. 12Primary Registration District No. 3013Registrar's No. 235

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Walter		H.		Moore	2. male	3. August 30, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. Negro		5a. 84	5b.	5c.	6. Oct. 8, 1883	7a. Clay		
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. North Kansas City		7c. yes	7d. North Kansas City Memorial Hospital					
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. North Carolina		USA		10. Widowed		11. --		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 494-40-5766		13a. retired cook		13b. Clay County Jail				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Missouri		14b. Clay	14c. Liberty		14d. yes	14e. 316 North Main		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. Holmes				Moore	16. Alice Tate			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP)				
17a. William Moore				17b. 66 Seneca St. Elgin, Ill. 60120				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) <i>Circulatory collapse</i>					10 min	
DOE TO, OR AS A CONSEQUENCE OF:		(b) <i>Arteriosclerotic Heart Disease</i>					20 yrs	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
					19a. NO		19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20f.			20g.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON
21a. I ATTENDED THE DECEASED FROM		21b. TO		21c.		21d.		I DID/DID NOT VIEW THE BODY AFTER DEATH.
21e. (HOURS)		21f.		21g.		21h.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH DAY YEAR HOUR		
22a.		22b.		22c.		22d.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		OFFICE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. JOHN M. WILLIAMS		23b. <i>John M. Williams</i>		23c. M.D.		23d. 9-3-68		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23e.		23f.		23g.		23h.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION				
24a. Burial		24b. Fairview Cemetery		24c. Liberty, Missouri				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN, STATE, ZIP				
24e. Sept. 4, 1968		25a. Pasley Funeral Home		119 E. Franklin Liberty, Mo. 64068				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25b. <i>John Pasley</i>		26a. <i>Lawrence Sallahan</i>		26b. Sept 7, 1968				

VS 300
Rev. 1/68

4. 6004

5. 6

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 6003
PARENTS

CAUSE

CERTIFIER

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.DO NOT WRITE
ON THIS STUB

9. 2

10a. 84

10b.

11. 1

12. 2

13. 4/12/3

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 2-0

B

Permit voided 9/4/68-~~me~~

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

John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.