

133  
LOCAL FILE NUMBERKANSAS STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
MARIE E. MOORE		2. Female		3. April 12, 1976	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Negro		AGE—LAST BIRTHDAY (YEARS) 5a. 67		DATE OF BIRTH (MONTH, DAY, YEAR) 6. Jan. 30, 1909	
7b. CITY, TOWN, OR LOCATION OF DEATH Salina		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. St. John's Hospital	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Downs, Kansas		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Eugene Moore		12. SOCIAL SECURITY NUMBER 509-54-0622		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	
13b. KIND OF BUSINESS OR INDUSTRY Home		14a. RESIDENCE—STATE Kansas		14b. COUNTY Graham	
14c. CITY, TOWN, OR LOCATION Bogue		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) No		14e. STREET AND NUMBER Rt. #1	
15. FATHER—NAME FIRST MIDDLE LAST Alonzo G. Alexander			16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Eugenia H. Garland		
17a. INFORMANT—NAME Eugene Moore			17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Rt. #1, Bogue, Kansas 67625		
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>Spasm Negative Bacterium</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Sepsis</i> DUE TO, OR AS A CONSEQUENCE OF: (c)					4 hours 10 hours
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) 19a. <i>Yes</i>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. <i>Yes</i>					
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. DATE OF INJURY (MONTH, DAY, YEAR)		20c. HOUR	
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		20e. INJURY AT WORK (SPECIFY YES OR NO)		20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		20h. MONTH		20i. DAY	
20j. YEAR		20k. AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		20l. I DID/DID NOT VIEW THE BODY AFTER DEATH.	
20m. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) M. (TO THE CAUSE(S) STATED.)		20n. MONTH		20o. DAY	
20p. YEAR		20q. HOUR		20r. M.	
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM			21b. TO		
21c. DATE OF DEATH			21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.		
21e. MONTH			21f. DAY		
21g. YEAR			21h. HOUR		
21i. M.			21j. DEGREE OR TITLE		
21k. DATE SIGNED (MONTH, DAY, YEAR)			21l. M.		
21m. MONTH			21n. DAY		
21o. YEAR			21p. HOUR		
21q. M.			21r. ZIP		
21s. STATE			21t. ZIP		
21u. CITY OR TOWN			21v. STATE		
21w. ZIP			21x. M.		
21y. ZIP			21z. M.		
22a. CERTIFIER—NAME (TYPE OR PRINT) Dr. John C. Mitchell			22b. SIGNATURE		
22c. DATE SIGNED (MONTH, DAY, YEAR) May 10, 1976			22d. DEGREE OR TITLE M.D.		
22e. MONTH			22f. DAY		
22g. YEAR			22h. HOUR		
22i. M.			22j. ZIP		
22k. STATE			22l. ZIP		
22m. CITY OR TOWN			22n. STATE		
22o. ZIP			22p. M.		
22q. ZIP			22r. M.		
22s. STATE			22t. ZIP		
22u. CITY OR TOWN			22v. STATE		
22w. ZIP			22x. M.		
22y. ZIP			22z. M.		
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal/Burial			23b. CEMETERY OR CREMATORY—NAME SPENCER CHAPEL		
23c. DATE (MONTH, DAY, YEAR) April 16, 1976			23d. LOCATION HILL CITY		
23e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Ryan Mortuary, 137 N. Eighth St., Salina, Kansas 67401			23f. CITY OR TOWN Graham County, Kansas		
23g. STATE			23h. ZIP		
23i. ZIP			23j. M.		
23k. STATE			23l. ZIP		
23m. CITY OR TOWN			23n. STATE		
23o. ZIP			23p. M.		
23q. ZIP			23r. M.		
23s. STATE			23t. ZIP		
23u. CITY OR TOWN			23v. STATE		
23w. ZIP			23x. M.		
23y. ZIP			23z. M.		
24a. FUNERAL DIRECTOR—SIGNATURE S. Ryan			24b. REGISTRAR—SIGNATURE D. Hansen		
24c. DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1976			24d. ZIP		
24e. STATE			24f. ZIP		
24g. CITY OR TOWN			24h. STATE		
24i. ZIP			24j. M.		
24k. ZIP			24l. M.		
24m. STATE			24n. ZIP		
24o. CITY OR TOWN			24p. STATE		
24q. ZIP			24r. M.		
24s. ZIP			24t. M.		
24u. STATE			24v. ZIP		
24w. CITY OR TOWN			24x. STATE		
24y. ZIP			24z. M.		

MADE BY  
XEROCOPY



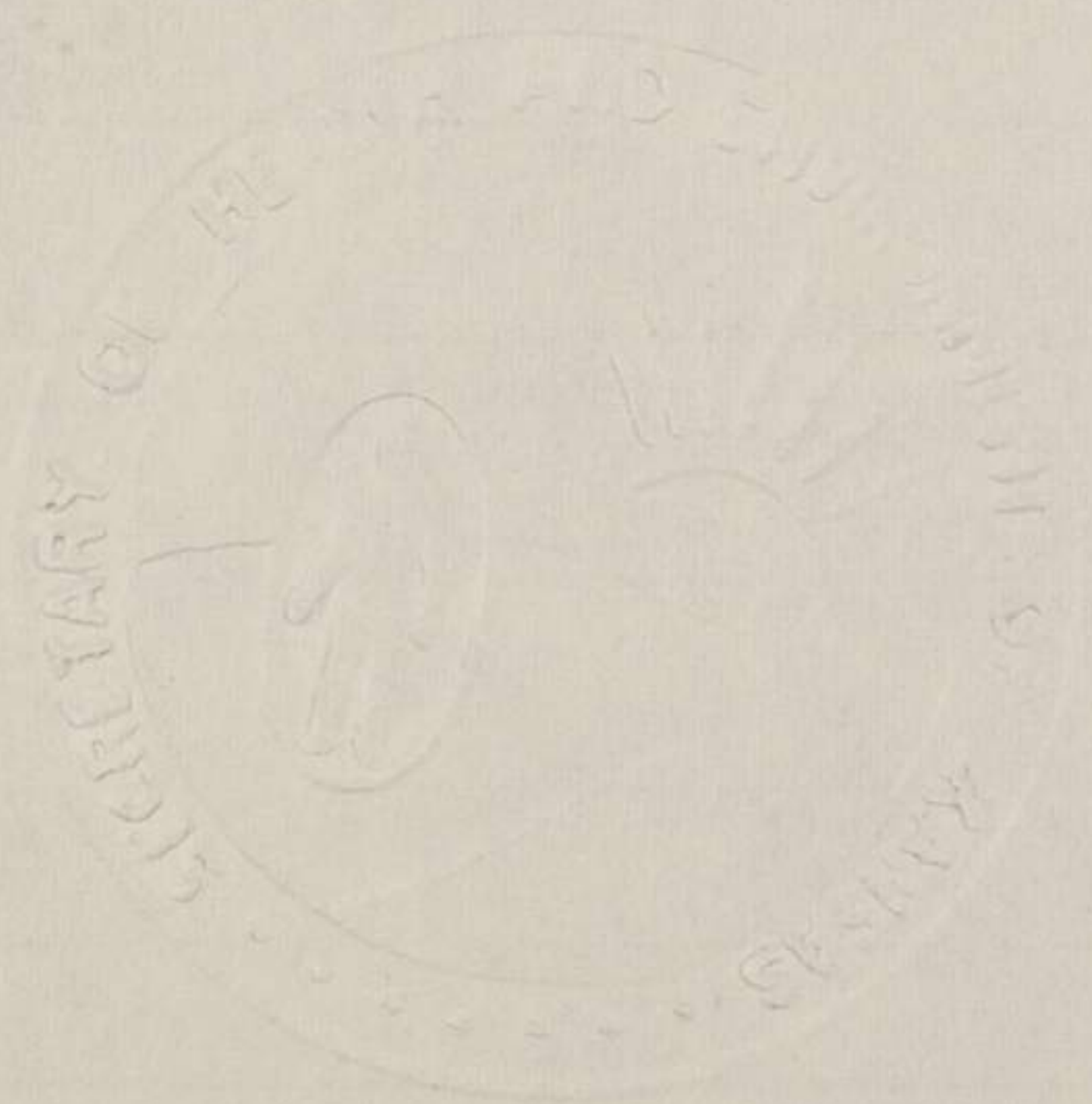
**CERTIFIED COPY**  
I hereby certify that this is a true and exact reproduction of the original certificate filed in the custody of this office and certified this **MAY 18 1976** at **Topoka, Kansas**  
date  
Division of Vital Statistics  
Kansas State Department of Health  
*Irvin G. Franzen*  
Irvin G. Franzen, State Registrar

133  
LOCAL FILE NUMBERKANSAS STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

379-4

STATE FILE NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST MARIE E. MOORE			2. SEX Female		3. DATE OF DEATH (MONTH, DAY, YEAR) April 12, 1976		
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) Negro		5a. AGE—LAST BIRTHDAY (YEARS) 67		5b. UNDER 1 YEAR MOS. DAYS		5c. UNDER 1 DAY HOURS MIN.	
6. DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 30, 1909		7a. COUNTY OF DEATH Saline					
7b. CITY, TOWN, OR LOCATION OF DEATH Salina			7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. John's Hospital		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Downs, Kansas		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Eugene Moore	
12. SOCIAL SECURITY NUMBER 509-54-0622		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife			13b. KIND OF BUSINESS OR INDUSTRY Home		
14a. RESIDENCE—STATE Kansas		14b. COUNTY Graham		14c. CITY, TOWN, OR LOCATION Bogue 67625		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) No	
14e. STREET AND NUMBER Rt. #1							
15. FATHER—NAME FIRST MIDDLE LAST Alonzo G. Alexander				16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Eugenia H. Garland			
17a. INFORMANT—NAME Eugene Moore				17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Rt. #1, Bogue, Kansas 67625			
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>Spasm negative Bacterium</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Septicemia</i> DUE TO, OR AS A CONSEQUENCE OF: (c)						4 hours 10 hours	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 19a. <i>Yes</i>	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. <i>Yes</i>							
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		20b. DATE OF INJURY (MONTH, DAY, YEAR)		20c. HOUR M. 20d.		20e. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20e. INJURY AT WORK (SPECIFY YES OR NO)		20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		21b. TO		21c. AND LAST SAW HIM/HER ALIVE ON		21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a. <i>Jan 70</i>		21b. <i>April 12 76</i>		21c. <i>April 15 76</i>		21d. <i>Yes</i>	
22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				22b. HOUR OF DEATH M. 22c.		22d. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR M.	
23a. CERTIFIER—NAME (TYPE OR PRINT) Dr. John C. Mitchell				23b. SIGNATURE <i>John C. Mitchell</i>		23c. DATE SIGNED (MONTH, DAY, YEAR) May 10, 1976	
23d. MAILING ADDRESS—CERTIFIER United Building				23b. CITY OR TOWN Salina, Kansas		23c. STATE ZIP 67401	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal/Burial		24b. CEMETERY OR CREMATORY—NAME SPENCER CARPENTER Nicodemus Cemetery		24c. LOCATION HILL CITY Graham County, Kansas			
24d. DATE (MONTH, DAY, YEAR) April 16, 1976		25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Ryan Mortuary, 137 N. Eighth St., Salina, Kansas 67401					
25b. FUNERAL DIRECTOR—SIGNATURE S. Ryan <i>Stephan Ryan</i>				26a. REGISTRAR—SIGNATURE <i>W. Harner</i>		26b. DATE RECEIVED BY LOCAL REGISTRAR MAY 12 1976	



**CERTIFIED COPY**  
I hereby certify that this is a true and exact reproduction of the original certificate filed in the custody of this office and certified this **MAY 18 1976** at **Topoka, Kansas**  
date  
Division of Vital Statistics  
Kansas State Department of Health  
*Irvin G. Franzen*  
Irvin G. Franzen, State Registrar

KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Vital Statistics  
Forbes AFB, Bldg. 740  
Topeka, Kansas 66620

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

7-142  
D 8.00  
APR 29 1976

Request for a certified copy of a death certificate should be submitted on this form along with the fee of \$2.00 as provided by law. If the death record is on file and the applicant affirms his legal right to the information contained therein by signing below, a certified copy will be mailed to the address given in the space provided therefor.

Copies on file from July 1, 1911. For each copy desired, send two dollars (\$2.00) by check or money order payable to the State Registrar of Vital Statistics. Cash sent by mail will be at applicant's risk.

FACTS CONCERNING THIS DEATH

Full name of deceased Marie E. Moore

Place of death Salina Saline Ks. Date of death 4/12/76  
(CITY) (COUNTY) (STATE) (MONTH) (DAY) (YEAR)

State Registration number (if known) \_\_\_\_\_

Name of husband or maiden name of wife Eugene R. Moore

Usual place of residence Bogue, Ks.

Funeral director's name James D. Spencer

I hereby declare that as the applicant for a certified copy of the above described certificate I have a direct interest in the matter recorded and that the information therein contained is necessary for determination of personal or property rights.

Signature of person making request James D. Spencer

Relationship to person whose certificate is requested Funeral Director

Please print correct mailing  
Address in spaces provided below

Eugene R. Moore  
(Name)

[Signature]  
(Street Address)

Bogue, Ks. 67625  
(City) (State) (Zip Code)

Amount enclosed 8.00

Number of copies 4

ENCLOSE A STAMPED, SELF  
ADDRESSED ENVELOPE WITH  
THIS APPLICATION

STATE OF KANSAS  
DEPARTMENT OF HEALTH AND ENVIRONMENT  
VITAL STATISTICS  
TOPEKA, KANSAS 66620  
ADDRESS CORRECTION REQUESTED



*Death Certificate  
May 19-1976*



CASEY JONES  
RES. PH. 674-5464

JONES and WELLER

ATTORNEYS - AT - LAW  
419 NORTH POMEROY  
HILL CITY, KANSAS 67642

PHONE 913 - 674 - 2144

RANDALL W. WELLER  
RES. PH. 674-5772

May 21, 1973

Farmers Home Administration  
Hill City, Kansas 67642

Dear Sirs:

Enclosed herewith is a final Title Opinion on the Marie E. White Moore loan. We enclose herewith also the original mortgage which has been recorded.

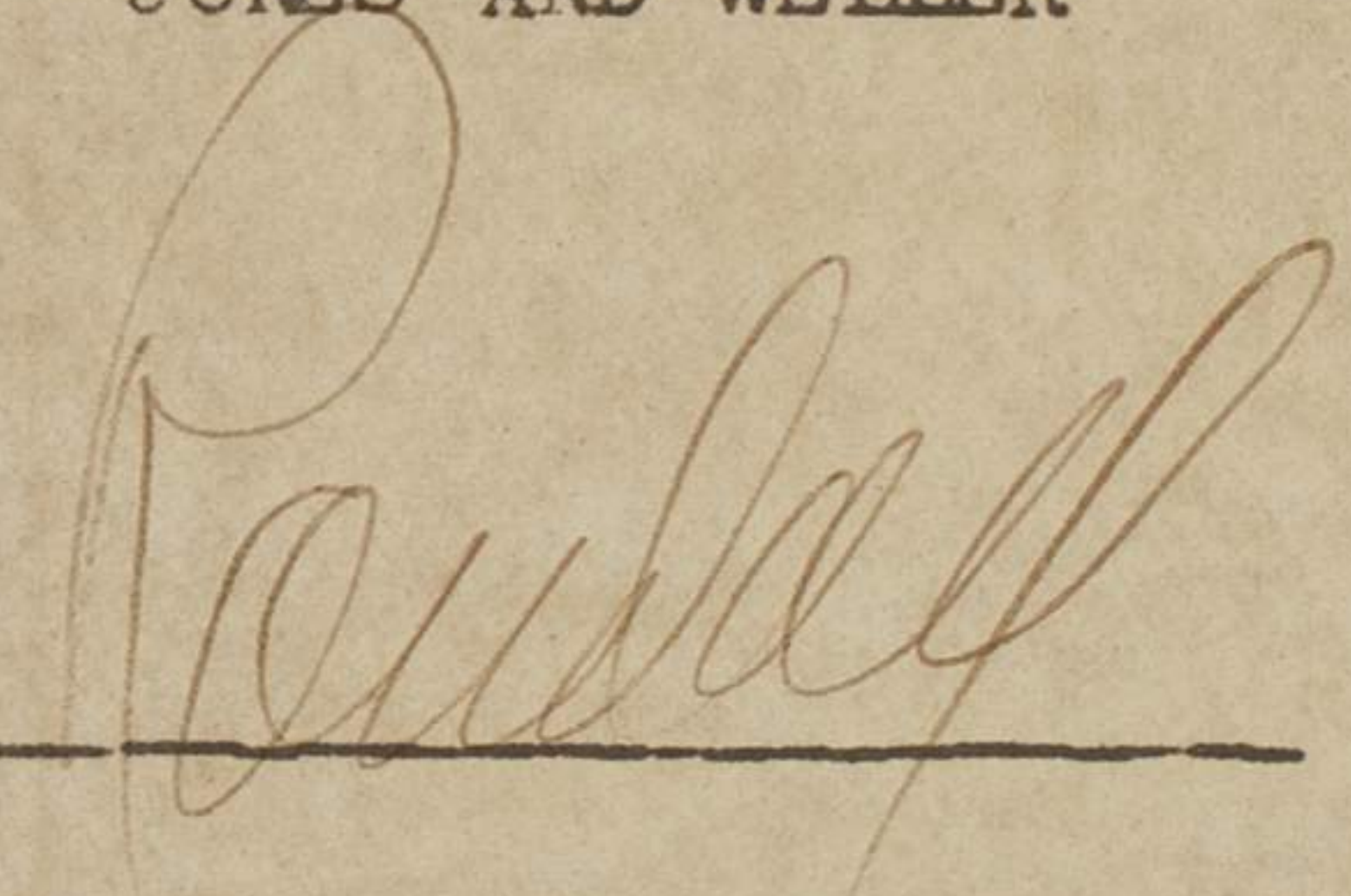
I am sending a copy of this letter and a copy of the Title Opinion to Marie. The abstracts are in my office and may be picked up at any time.

I remain

Sincerely yours,

JONES AND WELLER

RWW:pc

By: 

CASEY JONES  
RES. PH. 674-5464

JONES and WELLER

ATTORNEYS - AT - LAW  
419 NORTH POMEROY  
HILL CITY, KANSAS 67642

PHONE 913 - 674 - 2144

RANDALL W. WELLER  
RES. PH. 674-5772

May 21, 1973

Marie E. White Moore  
Bogue, Kansas 67625  
Farmers Home Administration  
Hill City, Kansas 67642

Dear Folks:

This Opinion is supplemental to seven title opinions dated April 26, 1973 covering the following described real estate situated in Graham County, Kansas, to-wit:

The North Half ( $N\frac{1}{2}$ ) of the Southwest Quarter ( $SW\frac{1}{4}$ ) of Section Twenty-five (25); The South Half ( $S\frac{1}{2}$ ) of Section Twenty-eight (28); The North Half ( $N\frac{1}{2}$ ) of Section Thirty-three (33), all in Township Seven (7), Range Twenty-one (21), Graham County, Kansas.

This examination covers by abstract from the time of the Government to the 16th day of April, 1973 at 8:00 a.m., and from personal examination of the records from that date until the present.

TITLE TO SURFACE AND SURFACE RIGHTS:

Marie E. White

TITLE TO MINERALS AND MINERAL RIGHTS:

The Title to the Minerals and Mineral Rights are the same as is reflected on the various parcels in our original title opinions.

TAXES:

In our original Title Opinions, we required that the last half of the 1972 taxes be paid. A personal check with the County Treasurer of Graham County, Kansas reflects that the last half of the 1972 taxes on all of the above real estate has been paid, and our requirement concerning the taxes has therefore been fulfilled.

FURTHER COMMENTS:

We again call your attention to our original comments in the original Title Opinions concerning possession and materialmens liens. However, Marie E. White is in possession and affidavits concerning liens have been executed, so we are making no further requirements concerning them.



JONES and WELLER

CASEY JONES  
RES. PH. 674-5464

ATTORNEYS - AT - LAW  
419 NORTH POMEROY  
HILL CITY, KANSAS 67642

RANDALL W. WELLER  
RES. PH. 674-5772

PHONE 913 - 674 - 2144

-2-

FURTHER COMMENTS:

In some of our original Title Opinions, we pointed out that there were various financing statements filed concerning crops and livestock pertaining to this property which appeared to be unreleased. This examiner personally saw the releases of those financing statements, and our requirements concerning those have been fulfilled.

MORTGAGES AND OTHER LIENS:

In our original Title Opinions, we set out the particulars of a Federal Land Bank Mortgage which is the basis of the first and prior lien against the property. It was not the intention of FHA to remove the Federal Land Bank Lien, and it remains the basis of the first and prior lien as per the particulars set out in our original opinion.

There is also a mortgage executed by Marie E. White Moore and Eugene R. Moore, her husband, to the Farmers Home Administration. Said mortgage is dated May 14, 1973 and was filed of record May 15, 1973 in Book 069, page 337 of the records of Graham County, Kansas. This mortgage is for a principal amount of \$5,400.00 and is the basis of a second lien against the property.

CONCLUSION:

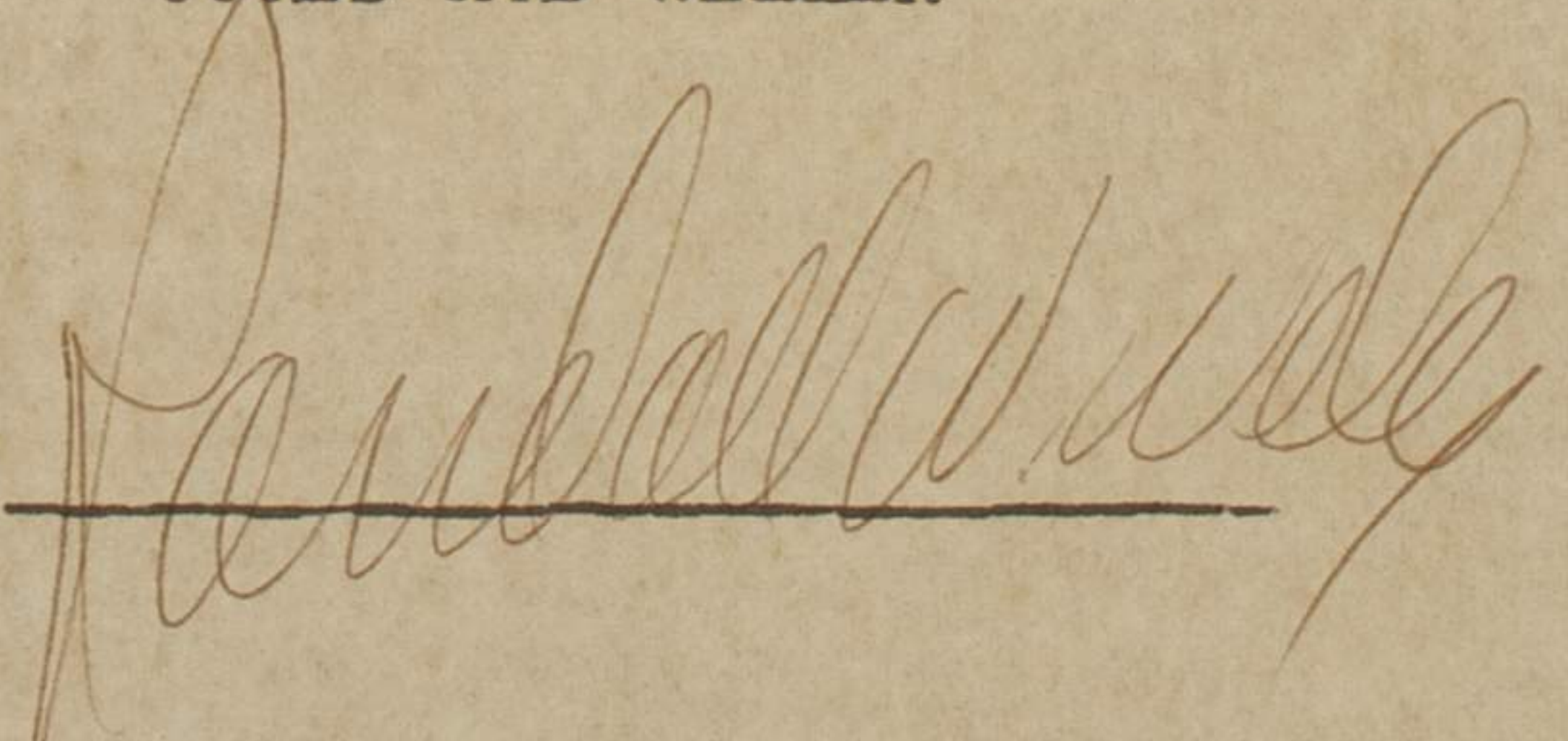
It is this examiner's opinion that the title to this property is in Marie E. White Moore, that the Federal Land Bank of Wichita has a first and prior lien against it, and that the United States of America acting through the Farmers Home Administration has a second lien.

I remain

Sincerely yours,

JONES AND WELLER

RWW:pc

By: 

JONES and WELLER

CASEY JONES  
RES. PH. 674-5464

ATTORNEYS - AT - LAW  
419 NORTH POMEROY  
HILL CITY, KANSAS 67642  
PHONE 913 - 674 - 2144

RANDALL W. WELLER  
RES. PH. 674-5772

May 21, 1973

Marie E. (White) Moore  
Bogue, Kansas

S T A T E M E N T

Examination of Abstract No. C.

1st 30 Entries . . . . . \$25.00  
2 add'l @.25 . . . . . .50

Examination of Abstract No. 1291-I

1st 30 entries . . . . . \$25.00  
2 add'l @.25 . . . . . .50  
1 court case @5.00 . . . . . 5.00

Examination of Abstract No. 1291-I-2

7 entries @.25 . . . . . 1.75

Examination of Abstract No. 410

1st 30 entries . . . . . \$25.00  
5 add'l @.25 . . . . . 1.25  
1 court case @5.00 . . . . . 5.00

Examination of Abstract No. 676-A

7 entries @.25 . . . . . 1.75

Examination of Abstract No. L-18,448

8 entries @.25 . . . . . 2.00  
1 court case @5.00 . . . . . 5.00

Examination of Abstract No. 4896

1st 30 entries . . . . . 25.00  
9 add'l. entries @.25 . . . . . 2.25

Examination of Abstract No. B.

1st 30 entries . . . . . 25.00

JONES and WELLER

CASEY JONES  
RES. PH. 674-5464

ATTORNEYS - AT - LAW  
419 NORTH POMEROY  
HILL CITY, KANSAS 67642  
PHONE 913 - 674 - 2144

RANDALL W. WELLER  
RES. PH. 674-5772

Examination of Abstract No. 1293-1

1st 30 Entries . . . . . \$25.00  
13 add'l @.25 . . . . . 3.25

Examination of Abstract No. 69

1st 30 Entries . . . . . 25.00  
3 court cases @5.00. . . . . 15.00

Examination of Abstract No. 668

1st 30 Entries . . . . . 25.00  
34 add'l @.25 . . . . . 8.50  
2 court cases @5.00. . . . . 10.00

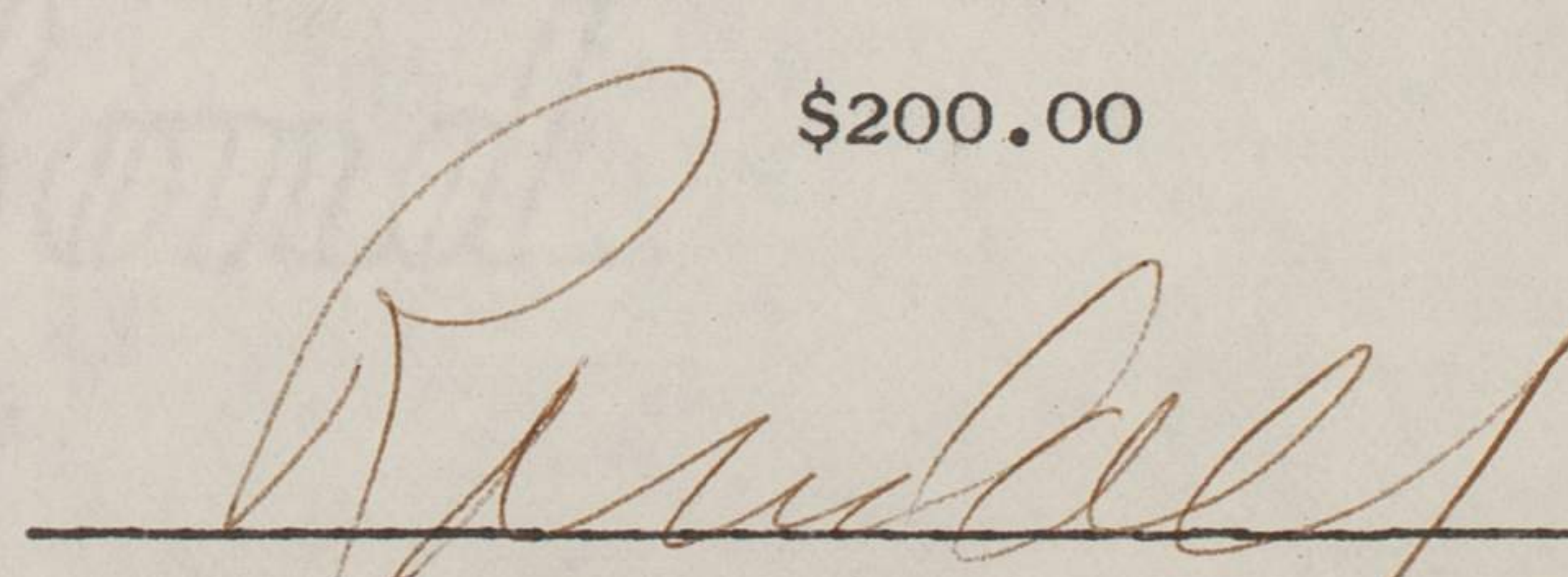
Total \$261.75

Preparation of Documents

50.00  
\$311.75

Agreed Fee

\$200.00



RWW:ac