

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19669**

FILED JUL 8 1949

2681

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2681</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>Kansas City, Mo</u>		c. LENGTH OF STAY (in this place) <u>1 mo 7 da</u>		c. CITY OR TOWN <u>Kansas City</u>		18 <u>48</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis</u>				d. STREET ADDRESS (If rural, give location) <u>12 + 45 615 Indiana</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Vivian</u>		b. (Middle) <u>McCoy</u>		c. (Last) _____		Date: (Month) (Day) (Year) <u>6-18-49</u>	
(Type or Print) <u>Vivian McCoy</u>		_____		_____		_____	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 24th 1908</u>		9. AGE (In years last birthday) <u>40</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Natl Bell Tel</u>		11. BIRTH PLACE (State or foreign country) <u>Beatrice nebr!</u>		12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>	
13a. FATHER'S NAME <u>J. W. McIntyre</u>		13b. MOTHER'S MAIDEN NAME <u>Jessie Black</u>		14. NAME OF HUSBAND OR WIFE <u>Roy McCoy</u>		_____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-07-1014</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kansas City Tuberculosis Hsp. Laeda</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far advanced Pulmonary Tuberculosis</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
_____				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
_____				DUE TO (b) _____			
_____				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS				Interval between onset and death			
Conditions contributing to the death but not related to the disease or condition causing death.				_____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
_____		_____		_____		_____	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____	
_____		_____		_____		_____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
_____		_____		_____			
22. I hereby certify that I attended the deceased from <u>May 11, 1949</u> to <u>June 18, 1949</u> that I last saw the deceased alive on <u>6-18, 1949</u>, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. K. Landis, M.D. (1)</u>				23b. ADDRESS <u>A.C.T.B. Hospital</u>		23c. DATE SIGNED	
_____				_____		_____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Mourah</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>	
_____		_____		_____		_____	
DATE REC'D BY LOCAL REG. <u>6-21-49</u>		REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. H. Blackman, Jr</u> ADDRESS <u>K.C. Mo</u>			
_____		_____		_____			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

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
Student Embalmer

Signed.....

H. D. Blackman

Licensed Embalmer No. *3639*

P. O. Address *170 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 this body is not embalmed, fact should be so stated above.