

FILED JUL 22 1950 STANDARD CERTIFICATE OF DEATH

State File No. 23592
2958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (In this place) 3 YEARS		d. STREET ADDRESS (If rural, give location) 5706 SOUTH BENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5706 SOUTH BENTON			

3. NAME OF DECEASED (Type or Print) a. (First) ADA	b. (Middle) BELLE	c. (Last) MCCOY	4. DATE OF DEATH (Month) (Day) (Year) JULY-2-1950
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JAN-15-1880	9. AGE (In years last birthday) 70 YRS	# UNDER 1 YEAR Months	# UNDER 2 HRS Hours	# UNDER 2 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) SOUTH CAROLINA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JOSEPH B. ASHFORD	13b. MOTHER'S MAIDEN NAME MANNIE E. KANACK	13c. NAME OF HUSBAND OR WIFE WILLIAM GREEN HAYWARD
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME WILLIAM GREEN MCCOY	ADDRESS 5706 SOUTH BENTON KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 10 da
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TOXEMIA		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) INTESTINAL OBSTRUCTION DUE TO (c) probable carcinoma of sigmoid colon		
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JUNE 1, 1949, to JULY 2, 1950, that I last saw the deceased alive on July 2, 1950, and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE W. P. Spiller	(Degree or title) D.O.	23b. ADDRESS 2603 East 31	23c. DATE SIGNED 7/3/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 5, 1950	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 7-5-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Neuman's Son	ADDRESS 1331 BRUSH CREEK BLVD KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *Kansas City*

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.