

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23594

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2959

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

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
 c. LENGTH OF STAY (In this place) 2 months
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Ann's Nursing Home 1510 Armour Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Kansas b. COUNTY Wyandotte
 c. CITY (If outside corporate limits, write RURAL and give township) Kansas City 8150
 d. STREET ADDRESS (If rural, give location) 1404 New Jersey

3. NAME OF DECEASED
 a. (First) Orval b. (Middle) _____ c. (Last) McCoy

4. DATE OF DEATH July 1 1950

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 4 1881

9. AGE (In years last birthday) 68 Yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY Music

11. BIRTHPLACE (State or foreign country) Newman, Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jack McCoy

13b. MOTHER'S MAIDEN NAME Mary Wood

14. NAME OF HUSBAND OR WIFE Mrs. Nell McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Thomas P. Menaugh ADDRESS 1404 New Jersey Kansas City, Ks

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Generalized Arteriosclerosis
 DUE TO (c) Ulcerations of Feet
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
8 Years
10 Years
6 Months
stroke

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 18, 1950 to June 7, 1950, that I last saw the deceased alive on in June, 1950, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. S. Miller (Degree or title) M.D.

23b. ADDRESS 31 Ann Avenue Kansas City, Kansas

23c. DATE SIGNED 7/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 7/5/50

24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 7-5-50

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1531 Brush Creek Kansas City, Mo.

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.....

Edward M. Storey

Signed.....

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K.C. & 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.