

FILED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

6121

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>576</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Jackson</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  | c. LENGTH OF STAY (in this place) <u>5 yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>                                      |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1100 Broadway</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>1100 Broadway 3118</u>  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Earl</u>   |  | b. (Middle) _____   |  | c. (Last) <u>McVoy</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-53</u>                             |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>   |  | 8. DATE OF BIRTH <u>2-27-1904</u>  |  |
| 9. AGE (In years last birthday) <u>48</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>                   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  | 13a. FATHER'S NAME <u>James McVoy</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Patterson</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>  |  | 16. SOCIAL SECURITY NO. <u>Unknown</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Giles</u> ADDRESS <u>Chicago</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerotic heart disease</u><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4 1/2</u>                             |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Geo. J. Kealhofer MD (Degree or title)) <u>Geo. J. Kealhofer MD</u>   |  |   |  | 23b. ADDRESS <u>4050 Broadway Kansas</u>   |  | 23c. DATE SIGNED <u>1-27-53</u>  |  |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>1962</u>   |  | 24b. DATE <u>1-31-53</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>              |  |
| DATE REC'D BY LOCAL REG. <u>1-28-53</u>   |  | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>  |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Passaniti Bros</u> ADDRESS <u>HC</u> |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 9 1958

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 Frances Walter

Licensed Embalmer No. 274

P. O. Address Jk Cmo

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.