

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH9962  
State File No. 1284

FILED MAR 27 1953

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. 1002  |  | Registrar's No. _____  |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE KANSAS b. COUNTY JOHNSON |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City  |  | c. LENGTH OF STAY (In this place) 1 WEEK   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City 8150                              |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL   |  |  |  | d. STREET ADDRESS (If rural, give location) 2914 WEST 93RD STREET  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) FRANK   |  | b. (Middle) W.   |  | c. (Last) McCoy, Jr.   |  | 4. DATE OF DEATH (Month) (Day) (Year) MARCH -1- 1953                             |  |
| 5. SEX MALE   |  | 6. COLOR OR RACE WHITE   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED   |  | 8. DATE OF BIRTH OCTOBER, 10, 1886   |  |
| 9. AGE (In years last birthday) 66  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI         |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.   |  | 13a. FATHER'S NAME FRANK W. McCoy, Sr.   |  | 13b. MOTHER'S MAIDEN NAME LENA WISBACH   |  | 14. NAME OF HUSBAND OR WIFE GLEEDA McCoy   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO   |  | 16. SOCIAL SECURITY NO. 319-01-6118A   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HAZEL TEACHNOR 2914 W. 93RD ST.   |  |  |  |
| 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.   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Hypertensive Myocarditis<br>DUE TO (c) Arteriosclerotic<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>442h                                     |  |
| 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 Russell W. Kerr MD (Degree or title)   |  |  |  | 23b. ADDRESS St. Joseph Hospital   |  | 23c. DATE SIGNED 2 Nov 53  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION   |  | 24b. DATE MARCH 3, 1953  |  | 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. 3-3-53   |  | REGISTRAR'S SIGNATURE Geraldine Smith  |  | 25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons   |  | ADDRESS 4331 BRUSH CREEK Kansas City, Mo.  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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 John B. Lewis

Licensed Embalmer No. 4875

P. O. Address KC 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.