

STANDARD CERTIFICATE OF DEATH

State File No. 9968

FILED APR 9 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1524

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED
a. (First) (Mrs.) Ida
b. (Middle) Bertha
c. (Last) McKoy

4. DATE OF DEATH (Month) (Day) (Year)
March 13, 1953

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH August 3, 1895

9. AGE (In years last birthday) 57

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Taylor Texas

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

13a. FATHER'S NAME John Jeschke

13b. MOTHER'S MAIDEN NAME Ida Unasch

14. NAME OF HUSBAND OR WIFE George C. McKoy

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. 491-22-3832

17. INFORMANT'S SIGNATURE OR NAME ADDRESS George C. McKoy Rte #1, Liberty, Mo.

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) pneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Co ag Carcinoma
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 wk
1 yr
17 hr

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)

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 1-28, 1952, to 3-13, 1953, that I last saw the deceased alive on 3-13, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Nigro (Degree or title) M.D.

23b. ADDRESS 1222 Mc Lee

23c. DATE SIGNED 3-14-53

24a. BURIAL CREMATION (Specify) Burial

24b. DATE March 16, 1953

24c. NAME OF CEMETERY OR CREMATORY White Chapel Mem. Gardens

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

DATE REC'D BY LOCAL REG. 3-16-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Neukamius North K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....

Shawn H. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 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.