

STANDARD CERTIFICATE OF DEATH

State File No. 35992
4949

FILED NOV 2 - 1953		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3088	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY		c. LENGTH OF STAY (In this place) 5 YRS.		d. FULL NAME OF HOSPITAL OR INSTITUTION 514 NORTON AVENUE	
a. STATE MISSOURI		b. COUNTY JACKSON		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH		5. STREET ADDRESS (If rural, give location)	
a. (First) BEULAH		b. (Middle) BEATRICE		c. (Last) McCOY		3088 514 NORTON AVENUE	
6. DATE OF DEATH Oct. 13, 1953		7. SEX FEMALE		8. COLOR OR RACE WHITE		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
10. DATE OF BIRTH Oct. 30, 1883		11. AGE (In years last birthday) 69		12. IF UNDER 1 YEAR Months Days		13. IF UNDER 1 HR. Hours Min.	
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 (City and State or Foreign Country) FULTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BENJAMIN W. MOSELEY		13b. MOTHER'S MAIDEN NAME EMMA JAMES		14. NAME OF HUSBAND OR WIFE CHARLES A. McCOY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No #		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MR. CHARLES A. McCOY, 514 NORTON, K.C., MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis				INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none					
		DUE TO (c) none					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				345	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min)		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 Jan 1, 1952, to Oct 13, 1953, that I last saw the deceased alive on Oct 12, 1953, and that death occurred at 7:40 A. M., from the causes and on the date stated above.							
23a. SIGNATURE Chas S. Nelson (Degree or title) M.D.		23b. ADDRESS 3626 1/2 Independence Ave		23c. DATE SIGNED 10-13-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct-15-1953		24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 10-15-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.V. Newcomer 1331 BROWN CREEK KANSAS CITY, 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert C. Herro*

Licensed Embalmer No. *488*

P. O. Address *A. C. Mc*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.