

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3926

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LIVINGSTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>CHILLICOTHE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 days</u>		STREET ADDRESS (If rural, give location) <u>701 Calhoun Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>OVA</u> b. (Middle) <u>L.</u> c. (Last) <u>MC COY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 12, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 13, 1899</u>	9. AGE (in years last birthday) <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>O. B. McCoy</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Herring</u>	14. NAME OF HUSBAND OR WIFE <u>Jennie McCoy</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>WWI</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Official Records, Kansas City</u>	ADDRESS <u>Mo.</u>
--	------------------------------------	--	--------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		DUE TO (b) <u>Metastatic carcinoma of peritoneum w/ascites</u>		<u>6 months</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Adenocarcinoma of sigmoid colon</u>		<u>1 year</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>status post - resection</u> <u>Situs Inversus - complete</u>				<u>1531</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) <u>VA</u> m.	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 August 3, 1954, to August 12, 1954, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank A. Mantz Jr.</u> (Degree or title) _____	23b. ADDRESS <u>VA Hospital, Kansas City, Mo.</u>	23c. DATE SIGNED <u>8/13/54</u>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>AUG-13-1954</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>CHILLICOTHE MISSOURI</u>
--	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>8-13-54</u>	REGISTRAR'S SIGNATURE <u>Sheldene Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomb</u> ADDRESS <u>1331 BUSH OAK KANSAS CITY MO.</u>
---	---	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank A. Mantz Jr.

SEP 7 1954

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 Basil V. Honey

Licensed Embalmer No. 47

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.