FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4847

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 875

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 928 EAST 76TH TERR — Length of stay in Institution: 10 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 928 EAST 76TH TERR — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FLORA Middle Last McCOY
4. DATE OF DEATH: Month FEBRUARY Day 23 Year 1957
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: JULY 25 1859
9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: 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: HOME
11. BIRTHPLACE (City and state or country): JEFFERSON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JAMES YOUNG
14. MOTHER'S MAIDEN NAME: MARY (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. FLORENCE RODDIS Address: 928 EAST 76TH TERR KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial failure myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Old age
DUE TO (c):
4222
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-16-57 to 2-23-57 and last saw her/him alive on 2-19-57
Death occurred at 1:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Geo. H. Jones M.D. (Degree or title)
22b. ADDRESS: 1435 E 78 Kansas City Mo.
22c. DATE SIGNED: 7/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: FEB 24, 1957
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): CANTON ILLINOIS

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: 2-23-57
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. H. Jones.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Chester K. Brown

Licensed Embalmer No. 49

P. O. Address. K. C. M

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.