

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON		a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6136 So. Benton		d. STREET ADDRESS (If outside, give location) 6136 So. Benton	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Charles Alfred Middle McCoy Last McCoy		Month MAY Day 13 Year 1957	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 8, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Inspector		11. BIRTHPLACE (City and state or country) Ohio	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME ALFRED R. McCOY		13b. MOTHER'S MAIDEN NAME ANNA E. CAMPBELL	14. NAME OF HUSBAND OR WIFE Bekiah 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. 708-12-6053	17. INFORMANT MRS. O. E. Moseley Address 6136 So. Benton Kansas City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH Unknown 4200
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour .Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from January 1, 1946 to May 13, 1957 and last saw ^{him} alive on May 3, 1957 Death occurred at 1:00 A.M. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Paul N. Johnstone, M.D. (Degree or title)		22b. ADDRESS 1110 Knaut Blvd Kansas City, Mo.	
22c. DATE SIGNED May 13, 1957		22c. DATE SIGNED May 13, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
Burial		MAY 15, 1957	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Mt. Moriah CEMETERY		Kansas City, Missouri	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
D.W. NEWSOMERS' SONS, K.C. Mo.		5-15-57	
26. REGISTRAR'S SIGNATURE neva minshall			



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 *Ebenezer H. Smith*

Licensed Embalmer No. *5001*

P. O. Address *K. C. 5th*

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.