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FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005694

STATE FILE NUMBER 945

Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

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 MENORAH HOSPITAL — Length of stay in Ib 3 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 6340 WALROND (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HAZEL Middle L Last McCOY

4. DATE OF DEATH Month 2 Day 21 Year 58

5. SEX F 1

6. COLOR OR RACE W

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 2-7-08

9. AGE (In years last birthday) 50 — 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) Clerk

10b. KIND OF BUSINESS OR INDUSTRY Pioneer Bag Co.

11. BIRTHPLACE (City and state or country) Macon County Mo

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Henry Darrell

13b. MOTHER'S MAIDEN NAME Unknown ~~Hott~~ Rucker

14. NAME OF HUSBAND OR WIFE Ross McCoy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. 500-03-0672

17. INFORMANT Ross McCoy — Address 6340 Walrond KC Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARDIAC FAILURE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) INTRA-ABDOMINAL HEMORRHAGE

DUE TO (c) POST-OPERATIVE GASTRIC RESECTION

INTERVAL BETWEEN ONSET AND DEATH: 5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PATIENT HAD SURGERY FOR ULCER 1/31/58

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 2/17/58, to 2/21/58 and last saw her alive on 2/21/58. Death occurred at 8:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Arthur Adelman (Degree or title) MD

22b. ADDRESS 201 E. 63RD ST.

22c. DATE SIGNED 2/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE February 24 1958

23c. NAME OF CEMETERY OR CREMATORY Floral Hill Cemetery

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Wilkes Funeral Home ADDRESS 2315 Linwood

25. DATE RECD. BY LOCAL REG. 2-21-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Arthur Adelman

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 Chas E Wilks

Licensed Embalmer No 2644

P. O. Address K C 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.