

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-036489

STATE FILE NUMBER

FILED NOV 14 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5056

300
 1-57 0

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. DOWNTOWN Hosp		Length of stay in lb 41 years	d. STREET ADDRESS (If outside, give location) 3724 INDIANA AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ARCHIE LEE MCCOY			4. DATE OF DEATH Month Day Year OCTOBER 24 1958		
--	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 28 1895	9. AGE (In years last birthday) 63	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS. Hours Min.
----------------	---------------------------	---	-----------------------------------	---------------------------------------	--	---------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER	10b. KIND OF BUSINESS OR INDUSTRY YELLOW CAB CO.	11. BIRTHPLACE (City and state or country) EMPORIA, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME BERT HUGH MCCOY	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ELDORA LEE 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. 486-07-4185	17. INFORMANT MRS. ELDORA LEE MCCOY - KANSAS CITY, MO	Address 3724 INDIANA
---	--	--	-------------------------

18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Infarct		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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
---------------------------------------	--	--	------------------------------	--------	-------

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 10:58 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Hugh H. Owens	(Degree or title) 3	22b. ADDRESS 1034 Pearl & Bluff	22c. DATE SIGNED 10-25-58
---------------------------------	------------------------	------------------------------------	------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT-27-1958	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
---	--------------------------	---	---

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO	ADDRESS 1331 BRUSH CREEK	25. DATE RECD. BY LOCAL REG. 10-27-58	26. REGISTRAR'S SIGNATURE Neva Marshall
--	-----------------------------	--	--

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Norman W. Pearson*

Licensed Embalmer No. *4889*

P. O. Address *Ala. C. Ho.*

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.