

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021520

FILED JUL 13 1959 Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 3103

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Grain Valley</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp.</b>		Length of stay in lb <b>1 week</b>	d. STREET ADDRESS (If outside, give location) <b>7000 Route 1</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>PEARL</b> Middle <b>M.</b> Last <b>McCOY</b>			4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1959</b>	
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 31, 1908</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Packer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Reitz Packing Co.</b>	11. BIRTHPLACE (City and state or country) <b>Stippville, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Ervin James Richards</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Newberry</b>	14. NAME OF HUSBAND OR WIFE <b>Elza McCoy</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-10-7732</b>	17. INFORMANT Address <b>Elza McCoy, Route 1, Grain Valley, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>metastatic Carcinoma to Brain</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma breast right. 2 yrs.</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>6 weeks</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>170X</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 COUNTY STATE
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21. I attended the deceased from Death occurred at <b>May 1957</b> to <b>June 23 1959</b> and last saw her alive on <b>June 22, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Sam D Hooper</b>	22b. ADDRESS <b>6232 Troost Avenue Kansas City 10, Missouri</b>	22c. DATE SIGNED <b>6/24/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 25, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Melody-McGilley-Eylar Funeral Home Woodland-Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>6-25-59</b>	26. REGISTRAR'S SIGNATURE <b>Neil Marshall</b>
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Sam D. Hooper M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

Dr. Sam D. Haiges  
6232 Truxtun

No 3-5092

3:30 - 5:15 P.m.

Wed.

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

*John A. Redman*

Licensed Embalmer No. 502

P. O. Address *Inde...*

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.