

THE DIVISION OF HEALTH OF MISSOURI  
**FILED FEB 6 1956 STANDARD CERTIFICATE OF DEATH**

**43336**

State File No. ....

BIRTH NO. 934856916-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5771

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. LENGTH OF STAY (in this place) <u>5 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>8205 Main St. 3948</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Baby Boy (B) Forest</u> c. (Last) <u>Mc Coy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED-NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7-30-55</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Herbert McCoy</u>	13b. MOTHER'S MAIDEN NAME <u>MARY Rhea</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary K. McCoy</u>	ADDRESS <u>8205 Main</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory obstruction</u>		
	ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary edema (2-mo)</u> DUE TO (c) <u>twin pregnancy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7630</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 30, 1955, to July 31, 1955 that I last saw the deceased alive on July 31, 1955, and that death occurred at 2:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. E. Baum</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>701 E. 63rd</u>	23c. DATE SIGNED <u>1-18-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Retained</u>	24b. DATE <u>8-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Retained at Menorah Med. Center</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-20-56</u>	REGISTRAR'S SIGNATURE <u>Neal Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Menorah Med. Center</u>	ADDRESS <u>K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
F. E. Baum MD

0.300  
0.48

9348

Jan 2 - 24:4

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.....

Licensed Embalmer No.....

P. O. Address.....

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.