

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28566
667
Registrar's No. _____

Registration District No. 318 Primary Registration District No. 5439

1. PLACE OF DEATH

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: County Farm
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 11-11

3. (a) PRINT FULL NAME James Arthur McCoy
(b) If veteran name war No (c) Social Security No. No

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 60 Months unknown Days unknown If less than one day hr. min.

9. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Deed
(b) Address R.F.D. #1

17. (a) Burial (b) Date thereof Aug 14 1940 (c) Place: burial or cremation Hazelwood
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W.P. Campbell
(b) Address 867 Wash Ave. Springfield

19. (a) Aug 14, 1940 (b) W.E. Haddley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Unknown (b) County Unknown
(c) City or town Unknown (If outside city or town limits write "RURAL")
(d) Street No. Unknown (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1940 hour 7 minute 6:30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him dead alive on Aug 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized arteriosclerosis with Embolism
Due to _____
Due to _____
Other conditions Senile Psychosis (Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. E. Haddley (M. D. or other) 5
Address Course Greene County Date signed 8/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.
working under my personal supervision.

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 this body is not embalmed, above space should be left blank.

X