

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4611

State File No.

Registration District No. 839

Primary Registration District No. 6101

Registrar's No. 30

**1. PLACE OF DEATH:**  
(a) County Stoddard  
(b) City or town Exey Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1. Stoddard  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Violet Ann McCoy  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 30 - 1859  
(Month) (Day) (Year)

**8. AGE:** Years 81 Months 10 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

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

16. (a) Informant Serena Pullum  
(b) Address Parma - mo R 2

17. (a) Burial (b) Date thereof Dec. 26 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Country

18. (a) Signature of funeral director Walter's Funeral  
(b) Address Dexter

19. (a) 1-1-41 (b) J P Brandon  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo (b) County Stoddard  
(c) City or town Exey Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month Dec day 23 year 1940 hour 10 minute 45 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death unknown  
Due to acute indigestion  
(Probably).  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
Underline the cause to which death should be charged statistically.

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? 754  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John Wilson (M. D. or other) 3  
Address Blountville, Mo. Date 12/24/40

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

RECEIVED

District Health Officer No. 2

District File Number 241-138

Date Filed 2/3/41

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.....

Virgil H. Helech....., Registered Apprentice No.....  
working under my personal supervision.

Signed Virgil H. Helech

Licensed Embalmer No. 4102

P. O. Address Dexter, 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 this body is not embalmed, above space should be left blank.