

FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18670**

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>655</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buch.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			c. LENGTH OF STAY (in this place) <u>35 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1509 Fifth, Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>1509 Fifth, Avenue</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John S</u>		b. (Middle) <u>Stephen</u>		c. (Last) <u>McCoy</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>June 6, 1887</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1949</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Moind City, Mo. ()</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>C. W. McCoy Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Stephens</u>			14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>712-01-5326</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.F. Wake-St. Joseph, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cancer right arm and lungs</u></p> <p>ANTECEDENT CAUSES <u>neurofibromatosis with morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u></p> <p>DUE TO (b) <u>change and genes of metastasis</u></p> <p>DUE TO (c) <u>---</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u></p>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>8/1/1949</u> <u>199A</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Acc</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May 26, 1949</u> to <u>June 9, 1949</u> , that I last saw the deceased alive on <u>June 9, 1949</u> , and that death occurred at <u>3:35 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter J. Hansen D.M.P.</u>				23b. ADDRESS <u>2802 Cedar St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>June 10, 1949</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 14, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		382 GENERAL DIRECTOR'S SIGNATURE <u>Stamey Funeral Home</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

JUN 28 1949

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.

Signed Charles M. Herman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph, 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, fact should be so stated above.