

**THE DIVISION OF HEALTH, OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **40641**

FILED JAN 16 1950

BIRTH NO. _____ REG. DIST. NO. **87** PRIMARY REG. DIST. NO. **5324** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MISSOURI b. COUNTY BOONE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-BOONE TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give locality)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1		1202 TOWER GROVE AVE. 7	

3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY b. (Middle) MAY c. (Last) McCoy			4. DATE OF DEATH (Month) (Day) (Year) 12-18-1949		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 23-1917		9. AGE (In years last birthday) 32 if under 1 year Months 2 Days 25 if under 12 months Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (State or foreign country) CRAWFORD Co. MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME WALTER DIERKING		13b. MOTHER'S MAIDEN NAME AMANDA JAMES		14. NAME OF HUSBAND OR WIFE RADUIS McCoy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 489-28-1346		17. INFORMANT'S SIGNATURE OR NAME PATRICK McCoy - ST. LOUIS, MO.		ADDRESS 1202 TOWER GROVE,	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Instant death caused by automobile collision						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						EG 1/6 26	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						HE	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Boone Township Crawford Co., Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Dec. 18, 1949 8:10 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Collision - on mva	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at **4:15 p.m., from the causes and on the date stated above.**

23a. SIGNATURE (Name or title) <i>Paul P. Frank</i>		23b. ADDRESS Cuba, Mo.		23c. DATE SIGNED 12-20-1949	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-21-1949		24c. NAME OF CEMETERY OR CREMATORY STEELYVILLE CEM.		24d. LOCATION (City, town, or county) (State) STEELYVILLE, MO.	
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DATE REC'D BY LOCAL REG. 12/31/49		REGISTRAR'S SIGNATURE <i>Ed Long</i>		25. FUNERAL DIRECTOR'S SIGNATURE THOMAS S. HALBERT - STEELYVILLE, MO.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 18 1950

RECEIVED 1/7/50
District Health Officer No. 5,
District File Number 15022
Date Filed 1/13/50

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 Samuel S. Hackett

Signed.....
Student Embalmer

Licensed Embalmer No. 4332

P. O. Address Sturville, 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.