

10. 300  
0. 48

FILED JAN 20 1950

STANDARD CERTIFICATE OF DEATH

1807 State File No. ....

BIRTH NO. ... REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3045 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Charleston</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Charleston</b>	
c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		0672	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>504 Brooklyn St.</b>		d. STREET ADDRESS (If rural, give location) <b>504 Brooklyn St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eliza</b> b. (Middle) <b>McCoy</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 14, 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 18, 1895</b>
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pastoria, Arkansas</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Rev. Geo. S. McCoy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Rev. Geo. S. McCoy, 504 Brooklyn,</b>	
		ADDRESS <b>Charleston, Mo.</b>	

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, asphyxia, 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) <b>Secondary Anemia</b>		<b>3 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the Colon</b>		<b>8 mos</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>1.53X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Charleston Miss. Mo.</b>
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?

22. I hereby certify that I attended the deceased from **5-7-1949** to **1-12-1950**, that I last saw the deceased alive on **1-12-1950**, and that death occurred at **12:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. A. Fingal M.D.</b> (Degree or title)	23b. ADDRESS <b>204 S. Locust St. Charleston, Mo.</b>	23c. DATE SIGNED <b>1-17-50</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 19, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.</b>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Jan. 18, 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs. Rex Helgare</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>F. J. Sparks</b>	ADDRESS <b>Charleston, Mo.</b>
---	---	--	--------------------------------

(Licensee Embalmer's Statement on Reverse Side)

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

JAN 26 1950

JAN 19 1950

RECEIVED

Miss. Co. Health Dep

County File No. \_\_\_\_\_

Date Filed JAN 19 1950

**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 .....  
Student Embalmer

Signed Frank J. Sparks

Licensed Embalmer No. 8425

P. O. Address Cape Girardeau

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.