No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11882

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4083 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amoret
c. LENGTH OF STAY (in this place): 45
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carrie Mae McCoy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amoret 0070
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): Mae
c. (Last): McCoy

4. DATE OF DEATH (Month) (Day) (Year): Apr. 4, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 26, 1887
9. AGE (In years last birthday): 62 — If under 1 year: Months 11, Days 8 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pike Co. Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Wisdom
13b. MOTHER'S MAIDEN NAME: Nancy Sutton
14. NAME OF HUSBAND OR WIFE: Charles McCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Charles McCoy — **ADDRESS**: Amoret, Mo.

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Virus Pneumonia — 1 Week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. — 492X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO. ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 11, 1949, *to* April 5, 1950, *that I last saw the deceased alive on* At Death, *and that death occurred at* 3:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. H. Schuler (Degree or title) D.O.
23b. ADDRESS: Amoret Mo.
23c. DATE SIGNED: 4-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-7-50
24c. NAME OF CEMETERY OR CREMATORY: Benjamin
24d. LOCATION (City, town, or county) (State): Amoret, Mo.

DATE REC'D BY LOCAL REG.: April 8 1950
REGISTRAR'S SIGNATURE: Kendall Murray
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Archer & Mangold Amsterdam Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-50-448
Date Filed 4-27-50

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 L. G. Mongold

Signed _____
Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.