

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13842

State File No.

0671

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

BIRTH NO. _____		REG. DIST. NO. <u>218</u>		PRIMARY REG. DIST. NO. <u>4330</u>		Registrar's No. <u>R</u>			
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miss.</u>					
b. CITY OR TOWN <u>East Prairie</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>East Prairie 0671</u>		d. STREET ADDRESS (If rural, give location) <u>D</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____									
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>			b. (Middle) _____		c. (Last) <u>M^cCOY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 25, 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 22, 1865</u>		9. AGE (In years last birthday) <u>84</u> if UNDER 1 YEAR <u>3</u> if UNDER 1 HRS. <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Stave Cutter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Sawmill</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>unk.</u>			13b. MOTHER'S MAIDEN NAME <u>unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza Jane M^cCOY</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. L. Eisenhower</u> ADDRESS <u>East Prairie, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>						<u>4301</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>							
		DUE TO (c) _____							
19a. DATE OF OPERATION _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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>Dec. 15, 1949</u> , to <u>March 25, 1950</u> , that I last saw the deceased alive on <u>March 25, 1950</u> , and that death occurred at <u>9:10A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Hubert B. Steward M.D.</u> (Degree or title) _____				23b. ADDRESS <u>East Prairie Mo.</u>			23c. DATE SIGNED <u>Apr. 7/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 27, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mississippi Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Apr 11, 1950</u>		REGISTRAR'S SIGNATURE <u>Anna Harper Dealy</u>		197 <u>197</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pravis Shelby</u> ADDRESS <u>East Prairie</u>			

APR 13 REC'D
RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed APR 14 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 *Travis Shelby* _____

Licensed Embalmer No. *2726* _____

P. O. Address *East Prairie* _____

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.