

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36720

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1036

1396

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <u>1396</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>61 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>935 W. Brower Street</u>			d. STREET ADDRESS (If rural, give location) <u>935 W. Brower Street</u>		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>MILO</u>	b. (Middle) <u>ULYSSIS</u>	c. (Last) <u>McCOY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 20, 1950</u>	
5. SEX <u>Male</u> <input checked="" type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>23 Jan 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery store</u>	11. BIRTHPLACE (State or foreign country) <u>Fairfield, Illinois</u> <u>/</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George W. McCoy</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Smith</u>		14. NAME OF HUSBAND OR WIFE <u>May McCoy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Virgil Bass, Springfield, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerotic Heart Disease</u></p> <p>INTERVAL BETWEEN ONSET AND DEATH _____</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p style="text-align: right;"><u>11-20-50</u></p>				
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)	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) (Minute)	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>1945</u> , to <u>Nov 20</u> , 1950, that I last saw the deceased alive on <u>Nov 20</u> , 1950, and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Max Titel</u> (Type or Print)		23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>11-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>22 Nov. 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>11/24/50</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley in D</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred C. Thorne, Springfield, Mo</u>		

**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 \_\_\_\_\_

*Ralph A. Steiner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

**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.