

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. .... 20

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>					
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Arbela</u> - Rural		d. STREET ADDRESS (If rural, give location) <u>1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin</u>				3. NAME OF DECEASED a. (First) <u>Jennie</u> b. (Middle) _____ c. (Last) <u>McCoy</u>					
4. DATE OF DEATH <u>Jan 9-1951</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By date) <u>Married</u>			
8. DATE OF BIRTH <u>July 31-1888</u>		9. AGE (In years, last birthday) <u>63</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTH PLACE (State or foreign country) <u>Scotland Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Francis M. Phillips</u>		13b. MOTHER'S MAIDEN NAME <u>Malissie Miller</u>		14. NAME OF HUSBAND OR WIFE <u>R.H. McCoy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>R.H. McCoy Arbela Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of left breast</u> ANTECEDENT CAUSES <u>Metastasis into lungs, esophagus and pelvis</u> DUE TO (b) <u>pelvis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1942</u>  <u>unknown</u>	
19a. DATE OF OPERATION <u>1942</u>		19b. MAJOR FINDINGS OF OPERATION <u>Left mastectomy</u>				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>12-22-50</u> , 19 <u>50</u> , to <u>1-9-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-9-51</u> , 19 <u>51</u> , and that death occurred at <u>2:05 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Carl Kasper D.O. 2</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>1-25-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie View</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland Co Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-29-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath &amp; Beckett</u>		ADDRESS <u>Memphis</u>			

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

013

Date Received: FEB 5 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-261  
Date Filed: FEB 6 1951

**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 Albert C Genth

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4257

P. O. Address Memphis, TN

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.