

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5059

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>75</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>10 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		<u>0475</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>721 McKinley Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>721 McKinley Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samantha</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>McCoy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 14, 1951</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 13, 1880</u>		9. AGE (In years last birthday) <u>70</u>	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) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Northern part of Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Thomas Stoner</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy V. Stoner</u>		14. NAME OF HUSBAND OR WIFE <u>William T McCoy (DECEA)</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John McCoy 721 McKinley Joplin, 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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition</u>				_____				?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis</u>				_____				?
DUE TO (c) _____				_____				<u>5 P M</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Anemia</u>				_____				_____
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>8 Feb</u> , 19 <u>51</u> , to <u>8 Feb</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8 Feb</u> , 19 <u>51</u> , and that death occurred at <u>2 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>John McCoy MD</u>				23b. ADDRESS <u>Joplin MO</u>		23c. DATE SIGNED <u>16 Feb</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-16-51</u>		REGISTRAR'S SIGNATURE <u>John McCoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill - Dillon Mort. Joplin, Mo.</u>				

(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED 2/19/51
Jasper County Health Office
County File Number 51-2-137
Date Filed 2/19/51

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 Charles E. Frey

Licensed Embalmer No. 4768

P. O. Address Joplin, 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.