

FILED MAR 28 1957

STANDARD CERTIFICATE OF DEATH

11386

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>12260</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piggins</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Embree Mo.</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN AMBULANCE</u>				d. STREET ADDRESS (If rural, give location) <u>TEXAS COUNTY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMA</u> b. (Middle) <u>EAVE</u> c. (Last) <u>Mc Coy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24 1951</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Aug. 29, 1932</u>		9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>		11. BIRTHPLACE (State or foreign country) <u>MANASSA Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>CLAUDE Mc Coy</u>		13b. MOTHER'S MAIDEN NAME <u>Ivy Mc Guine</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLAUDE Mc Coy - Embree 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>Broken neck in car accident</u> <u>Fracture of Skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Concussion of Temporal Bone</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>20 minutes</u> <u>20:16</u> <u>26</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>114</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Route 60</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mtn. Grove Wright Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 24 1951 10:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Dar Accident 67 MVE's</u>				
22. I hereby certify that I attended the deceased from <u>3-24, 1951</u> , to <u>3-24, 1951</u> , that I last saw the deceased alive on <u>24</u> , 1951, and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert C. Mc Cracken, M.D.</u>				23b. ADDRESS <u>Normand, Mo.</u>		23c. DATE SIGNED <u>3/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dutch Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>TEXAS Mo</u>			
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>3421</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Barber</u>		ADDRESS <u>Mtn. Grove</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 29 1908

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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Int. Grove, Ill.

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.