

STANDARD CERTIFICATE OF DEATH

State File No. **42130**

FILED JAN 3 1952

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4272</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Waverly		c. LENGTH OF STAY (In this place) 18 dys		c. CITY (If outside corporate limits, write RURAL and give township) OR 0710 TOWN Rural- Marshall T.W.P.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Kelling Clinic				d. STREET ADDRESS (If rural, give location) 5 Mi. N.E. Marshall			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) DAVID		c. (Last) McCOY		4. DATE OF DEATH (Month) (Day) (Year) Dec 21 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 28, 1883	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months --- Days 0		IF UNDER 24 HRS. Hours --- Min. ---			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Grain & Livestock			11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Milton McCoy		13b. MOTHER'S MAIDEN NAME Louise Atwood		14. NAME OF HUSBAND OR WIFE Mrs C.D. McCoy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs C.D. McCoy Marshall, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular renal disease.						INTERVAL BETWEEN ONSET AND DEATH Since Dec. 3 /	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
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. Uremia							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X					
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) (Min.)		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 Dec. 3, 1951 , to Dec. 21, 1951 , that I last saw the deceased alive on Dec. 21, 1951 , and that death occurred at 11:00A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Jordan Kelling, M.D.				23b. ADDRESS Waverly, Missouri		23c. DATE SIGNED Dec. 26, 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec-23, 1951		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.		24d. LOCATION (City, town, or county) (State) Marshall Mo.	
DATE REC'D BY (LOCAL REG.) Dec 26-1951		REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger		ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 2 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 2 1952 _____

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 _____

Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address *Missouri, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

. If this body is not embalmed, fact should be so stated above.