

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1916

State File No.

S. No. 300
v. 10.48

WED JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5674 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Snowhill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Snowhill 0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi NE. of Troy Mo</u>		d. STREET ADDRESS (If rural, give location) <u>8 mi NE. of Troy Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>MC COY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 12 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 17 1950</u>	9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marvin McCoy</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Mata</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marvin McCoy</u>	ADDRESS <u>Troy Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 5 that night</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital malformation</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>U90X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 5, 1952 to Jan 12 1952 that I last saw the deceased alive on Jan 9, 1952 and that death occurred at 10:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>H. F. Kelley</u>	(Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Troy Mo.</u>	23c. DATE SIGNED <u>1-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 18 - 1952</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	162 0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McCoy</u>	ADDRESS <u>Troy Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0570
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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.....

Wayne Mc Coy

Signed.....

Student Embalmer

Licensed Embalmer No. *3586*

P. O. Address

Irving 7th

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.