

STANDARD CERTIFICATE OF DEATH

FILED APR 15 1952

BIRTH NO. REG. DIST. NO. 982 PRIMARY REG. DIST. NO. 5655 Registrar's No. 50

1550
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u> <u>Dark</u>	
c. LENGTH OF STAY (in this place) <u>8 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rigsby Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chyde</u> b. (Middle) <u>Mc</u> c. (Last) <u>Coy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-8-1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>8-11-1884</u>		9. AGE (in years last birthday) <u>67</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>28</u> IF UNDER 11 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>G.S. McCoy</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wablis</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>547-10-5842</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Foxonette</u> ADDRESS <u>Ash Grove</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>None</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 July 1, 1961, to 4-8, 1952, that I last saw the deceased alive on 4-6, 1952, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Bussery</u> (Degree or title)		23b. ADDRESS <u>Millers</u> <u>MO</u>		23c. DATE SIGNED <u>4-10-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Habitown</u>	
				24d. LOCATION (City, town, or county) (State) <u>S. of Habitown Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-10-52</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Monroe Luman</u> ADDRESS <u>Miller Mo.</u>	
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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.

Student
Student Embalmer

Signed *S. R. Seiman*

Licensed Embalmer No. 3297

P. O. Address Milled 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.