

5. No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13428

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 18

15.70
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY KNOX	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina	
c. LENGTH OF STAY (in this place) 8 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA E. b. (Middle) E. c. (Last) MCCOY			4. DATE OF DEATH (Month) (Day) (Year) April-10-1952		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-14-1866	9. AGE (In years last birthday) 85	10. IF UNDER 1 YEAR: (Month) (Day) (Year) 3 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Corydon Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Washington Huddle		13b. MOTHER'S MAIDEN NAME Mary Sherman	
14. NAME OF HUSBAND OR WIFE John W. McCoy		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. McCoy Edina Mo.			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 hrs 20 yrs 20 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) hypertension DUE TO (c) Arteriovascular renal		
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 446 X	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)	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 **June**, 19**49**, to **4-10**, 19**52**, that I last saw the deceased alive on **7-10-52**, 19**52**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. H. H.	23b. ADDRESS Edina, Missouri	23c. DATE SIGNED 4-11-52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE April-12-52	24c. NAME OF CEMETERY OR CREMATORY Millport	24d. LOCATION (City, town, or county) (State) Millport Knox Co. Mo
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DATE REC'D BY LOCAL REG. April 12-52	REGISTRAR'S SIGNATURE Helle S. Humalt	25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson	ADDRESS Edina Mo
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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

Keith Hudson

Licensed Embalmer No. *2415*

P. O. Address *Edina Missouri*

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.