S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23772

FILED JUL 25 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 336

3124

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Puxico Mo 1034
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Robert c. (Last) McCoy

4. DATE OF DEATH (Month) July (Day) 1 (Year) 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: July 2 1872

9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 11, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lumberman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Obion Co Tenn. /

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: R. J. McCoy

13b. MOTHER'S MAIDEN NAME: Ara Adney Bittick

14. NAME OF HUSBAND OR WIFE: ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 429-10-5315

17. INFORMANT'S SIGNATURE OR NAME: Robt. McCoy — ADDRESS: Puxico 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary fibrosis & emphysema — Indef
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic cor pulmonale — Indef

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 525X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24-, 1952, *to* 7-1-, 1952, *that I last saw the deceased alive on* 7-1-, 1952, *and that death occurred at* 5:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. C. Engelhard [signature]

23b. ADDRESS: Poplar Bluff, Mo

23c. DATE SIGNED: 7/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial A

24b. DATE: July 3 1952

24c. NAME OF CEMETERY OR CREMATORY: Puxico

24d. LOCATION (City, town, or county): Puxico (State): Mo

DATE REC'D BY LOCAL REG.: 7-14-52

REGISTRAR'S SIGNATURE: Wm. H. Johnson 428 0

25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Morgan — ADDRESS: Puxico Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 23 1952
BUTLER CO. HEALTH CENTER
FILE No. 752-371

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 William H Morgan
Licensed Embalmer No. 4640
P. O. Address Advance, 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.