

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35854

State File No. \_\_\_\_\_

No. 300-  
10.48

OCT 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>5909</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY OR TOWN <u>Royal, Little Prairie</u>		c. LENGTH OF STAY (in this place) <u>16 Days</u>		c. CITY OR TOWN <u>Royal</u>		<u>6780</u> <u>LITTLE PRAIRIE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4mi. S.E. CATUHERSVILLE</u>				d. STREET ADDRESS (If rural, give location) <u>4mi. S.E. CATUHERSVILLE</u>			
3. NAME OF DECEASED a. (First) <u>William</u>			b. (Middle) <u>Soleman</u>		c. (Last) <u>McPoy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 15, 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 17, 1904</u>		9. AGE (In years last birthday) <u>48</u>	if UNDER 1 YEAR Months <u>-</u> Days <u>38</u>	if UNDER 24 HRS. Hours <u>-</u> Mins. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR IND.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CATUHERSVILLE, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>S.C. McPoy</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA AVIS</u>		14. NAME OF HUSBAND OR WIFE <u>VETA McPoy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>EUGENE McPoy</u> ADDRESS <u>CATUHERSVILLE, MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RECEIVED HEAD INJURY IN EXPLOSION SEVERAL MONTHS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AGE 1</u> DUE TO (c) <u>FOUND DEAD IN BED.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NO MEDICAL ATTENTION.</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>OTD</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. B. Beecher, M.D.</u> (Degree or title)				23b. ADDRESS <u>Chautauqueville, Mo</u>		23c. DATE SIGNED <u>10-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10/17/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PRAIRIE</u>		24d. LOCATION (City, town, or county) (State) <u>CATUHERSVILLE, MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 16-1952</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Walker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. La Forge</u>		ADDRESS <u>Chautauqueville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0780

10-304-52

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 70  
CARUTHERSVILLE, MO.

OCT 17 1952

OCT 27 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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Caruthersville 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.