

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 25 1953

State File No. _____
Registrar's No. 136

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		REGISTRAR'S NO. 136	
1. PLACE OF DEATH a. COUNTY Randolph 08890				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone 0100			
b. CITY OR TOWN Moberly, Missouri		c. LENGTH OF STAY (in this place) 2 1/2		c. CITY OR TOWN Centralia 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital				d. STREET ADDRESS (If rural, give location) S. Jefferson			
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) Otis		c. (Last) McCoy		4. DATE OF DEATH (Month) (Day) (Year) May 18 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH September 20, 1889		9. AGE (in years last birthday) 63	IF UNDER 1 YEAR Months 8 Days 28	IF UNDER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (City and State or Foreign Country) Denison, Texas /		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Charles McCoy			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Evelyn Graves		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-10-2829		17. INFORMANT'S SIGNATURE OR NAME Charles McCoy		ADDRESS Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 day
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 5-19-53		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (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 5-18-53 19, to 5-18-53 , 19, that I last saw the deceased alive on 5-18-53 , 19, and that death occurred at 4:10 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Boysalke (Degree or title) _____				23b. ADDRESS Centralia, Mo		23c. DATE SIGNED 5-19-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 20, 1953		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Neodesha, Kansas	
DATE REC'D BY LOCAL REG. 5/19/53		REGISTRAR'S SIGNATURE Jessie Knight		25. FUNERAL DIRECTOR'S SIGNATURE Billy Mester		ADDRESS Centralia	

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

Date Registered _____ Entered Embalmer's Statement on Reverse Side

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

Bill J. Meador

Licensed Embalmer No. *4876*

P. O. Address *Centralia, 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.