

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>685-D</u>		
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>SPRINGFIELD</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1406 EAST TRAFFICWAY</u>				e. STREET ADDRESS (If rural, give location) <u>1406 EAST TRAFFICWAY</u>				
3. NAME OF DECEASED (Type or Print) <u>BERTHA</u>			a. (First)		b. (Middle)		c. (Last) <u>McCOY</u>	
4. DATE OF DEATH <u>JULY, 15, 1954</u>		(Month) (Day) (Year)		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY, 22, 1892</u>		9. AGE (In years last birthday) <u>61</u>		10. F UNDER 1 YEAR Months		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PHILLIPSBURG, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>DOC McDARLS</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH L. MURRAY</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS HOWARD McCOY SPRINGFIELD, MO</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uraemia</u></p> <p>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <u>6000 H</u></p>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>				
				<p>2. ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis acute</u></p> <p>DUE TO (c)</p>				
19a. DATE OF OPERATION <u>Nov 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma of Ovaries &amp; Metastasis to Sigmoid &amp; Rec Colon</u>				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 <u>Dec 19, 1953</u> to <u>July 14, 1954</u> that I last saw the deceased alive on <u>July 14, 1954</u> , and that death occurred at <u>3:35 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Newton Wakeman MD.</u> (Degree or title)				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>7-16-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>7/21/54</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HERMAN LOHMEYER SPRINGFIELD, MISSOURI</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.....  
Signature of Student Embalmer

Signed..... *H. L. McCann*

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.