No. 300
10.48

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23644

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 255

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hudson Twp.
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Still-Hildreth Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Iowa
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indianola
d. STREET ADDRESS (If rural, give location): 307 North B Street

8140
8

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

4. DATE OF DEATH (Month) (Day) (Year): June 25 '54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1-25-1874
9. AGE (In years last birthday): 80 — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Warren County, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: C. M. McCoy
13b. MOTHER'S MAIDEN NAME: Jennie Henry
14. NAME OF HUSBAND OR WIFE: Laura F. McCoy

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.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: [signature]

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure (Congestive) — — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prolonged Recumbency necessitated by emaciation
DUE TO (c) Arteriosclerosis

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: 4500
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* May 14, 1947 *to* June 25, 1954 *that I last saw the deceased alive on* June 25, 1954 *and that death occurred at* 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Eldon A. Morgan, D.O.
23b. ADDRESS: S.H.O.S. Macon, Mo.
23c. DATE SIGNED: 6-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-28-1954
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Indianola, Iowa

DATE REC'D BY LOCAL REG.: July 12-54
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Everett E. Overton, Indianola, Iowa

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7.19.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 7-54.127
Date Filed 7.20.54

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 L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.