

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36598**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1285	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 1 1/2 years		c. CITY OR TOWN St. Joseph		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 3139 Mitchell Ave.				e. STREET ADDRESS (If rural, give location) 3139 Mitchell Ave. 01170			
3. NAME OF DECEASED (Type or Print) a. (First) Florence		b. (Middle) A.		c. (Last) McCoy		4. DATE OF DEATH (Month) (Day) (Year) December 5, 1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 9, 1882		9. AGE (In years last birthday) 72	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) 0 West Plains, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hiram Collier		13b. MOTHER'S MAIDEN NAME Amanda Brixy		14. NAME OF HUSBAND OR WIFE George			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. H. Houchin, 3139 Mitchell, St. Joseph, 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) Acute Cardiac Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Insufficiency DUE TO (c) Valvular Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Gen					INTERVAL BETWEEN ONSET AND DEATH Several yrs	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4214					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) m.		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 7-1, 1953 , to Dec 5, 1954 , that I last saw the deceased alive on 11-1, 1954 , and that death occurred at 4:45p m. , from the causes and on the date stated above.							
23a. SIGNATURE A. K. Kelber, M.D. (Degree or title)				23b. ADDRESS St. Joseph, Mo		23c. DATE SIGNED 12-7-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/7/1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
DATE REC'D BY LOCAL REG. Dec 9, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton - Bowman St. Joseph, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Richard D. Collis*

Licensed Embalmer No. 495

P. O. Address 319 So. 10th

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.