

FILED JAN 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 29

1. PLACE OF DEATH  
 a. COUNTY Pemiscot  
 b. CITY (If outside corporate limits, write RURAL and give town) Havitt  
 c. LENGTH OF STAY (In this place) 12 Mo.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 114 West Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Kentucky b. COUNTY Marshall  
 c. CITY OR TOWN Benton  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) 114 West Main St. 81608

3. NAME OF DECEASED (Type or Print)  
 a. (First) Grundy b. (Middle) \_\_\_\_\_ c. (Last) McCoy  
 4. DATE OF DEATH (Month) (Day) (Year) NOV. 28 54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH May 18 1868 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS.: 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 Farming 11. BIRTHPLACE (City and State or Foreign Country) Marshall Co Ky. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME E. F. McCoy 13b. MOTHER'S MAIDEN NAME Susen McDermit 14. NAME OF HUSBAND OR WIFE Nancy Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Thos McCoy ADDRESS \_\_\_\_\_

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) Nephrosia  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arteriosclerosis  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy 2-54  
 INTERVAL BETWEEN ONSET AND DEATH 9 months

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) \_\_\_\_\_ 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 2-6, 1954, to Nov 28, 1954, that I last saw the deceased alive on Nov 28, 1954, and that death occurred at 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. D. Kain M.D. 23b. ADDRESS 223 S. 2nd, Dayton, Mo. 23c. DATE SIGNED 1-3-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/30/54 24c. NAME OF CEMETERY OR CREMATORY Lake View 24d. LOCATION (City, town, or county) (State) Marshall Co. Ky.

DATE REC'D BY LOCAL REG. 1-4-55 REGISTRAR'S SIGNATURE John W. Gorman 406-1 25. FUNERAL DIRECTOR'S SIGNATURE Linn Funeral Home ADDRESS Benton Ky.

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

1-11-55

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JAN 13 1955

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.....

Licensed Embalmer No.....

P. O. Address.....

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.