

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED DEC 28 1954

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Bloomfield</u>		c. CITY OR TOWN <u>Bloomfield</u> 1030	
c. LENGTH OF STAY (in this place) <u> yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u> b. (Middle) <u>---</u> c. (Last) <u>MC ROY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1954</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 25, 1871</u>
9. AGE (In years last birthday) <u>82</u>		10. MONTH <u>11</u>	11. DAY <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marion, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>John Mc Roy</u>		13b. MOTHER'S MAIDEN NAME <u>Mandy Murphy</u>	14. NAME OF HUSBAND OR WIFE <u>Lou Mc Roy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl Mc Roy, Bloomfield, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> <u>yes.</u> DUE TO (c) <u>Hypertension</u> <u>yes</u> 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		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)	<u>331X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1953, to <u>Oct 1st</u> , 1954, that I last saw the deceased alive on <u>Sept 29, 1954</u> , and that death occurred at <u>5:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. S. Davis</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Highway 2 St. N. West. Mo.</u>	23c. DATE SIGNED <u>11/9</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 3, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walker cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>
DATE REC'D BY LOCAL REG. <u>12-24-54</u>	REGISTRAR'S SIGNATURE <u>Leis K. Mason</u> 510	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UNDERTAKING CO.</u> ADDRESS <u>Bloomfield, Missouri</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

1030

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, & by Lulu

Cooper # 3499

~~STUDENT EXAMINER~~

working under my personal supervision.

Student
Student Embalmer

Signed

Irvin C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.