

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4158 State File No. 687

BIRTH NO.		REG. DIST. NO. <u>96</u>	PRIMARY REG. DIST. NO. <u>26</u>	Registrar's No. <u>5-</u>
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>BUFFALO</u>		c. LENGTH OF STAY (in this place) <u>6 m.</u>	c. CITY OR TOWN <u>BUFFALO</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>BUFFALO, MO.</u>		e. STREET ADDRESS (If rural, give location) <u>03000</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISA</u>		b. (Middle) <u>-</u>	c. (Last) <u>McCoy</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8-1955</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct-12-1878</u>
9. AGE (In years last birthday) <u>76</u>		If UNDER 1 YEAR Months <u>2</u> Days <u>26</u>		If UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Long Lane Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Flanigan</u>		
13b. MOTHER'S MAIDEN NAME <u>Utt-Knew</u>		14. NAME OF HUSBAND/DR WIFE <u>Geo. McCoy</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geo. McCoy Marshal Mo.</u>
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>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>1 yr</u> <u>10 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>4500</u>
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) (Minute)		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>Feb 1, 1954</u> , to <u>Jan 10, 1955</u> , that I last saw the deceased alive on <u>9 Jan, 1955</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>O. Griffin M.D.</u> (Degree or title)		23b. ADDRESS <u>Buffalo Mo</u>		23c. DATE SIGNED <u>10 Jan 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Rock Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Dallas County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery Funeral Home Buffalo Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-12-55</u>		REGISTRAR'S SIGNATURE <u>Grace Peter</u>		

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 *Chyde Montgomery*.....

Licensed Embalmer No. *3592*.....

P. O. Address *Buffalo, N.Y.*.....

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.