

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1015

State File No.

1955 FEB 14 1955

BIRTH NO. _____ REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4230 Registrar's No. 3

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| 1. PLACE OF DEATH a. COUNTY <u>Howard</u> <u>0450</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Armstrong</u> | | c. CITY OR TOWN <u>Armstrong</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>22 yrs.</u> | | STREET ADDRESS (If rural, give location) <u>none</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Andrew</u> | b. (Middle) <u>Jackson</u> | c. (Last) <u>McCoy</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 27 1955</u> |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>April 16, 1862</u> | 9. AGE (In years last birthday) <u>92</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Don't know</u> | 13b. MOTHER'S MAIDEN NAME <u>Don't know</u> | 14. NAME OF HUSBAND OR WIFE <u>Willie McCoy</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Otis McCoy; Huntsville, Missouri</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Sept 2, 1919 to Jan 27, 1955, that I last saw the deceased alive on Jan 27, 1955 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>James D. Dean M.D.</u> (Degree or title) | 23b. ADDRESS <u>Payette, Mo</u> | 23c. DATE SIGNED <u>2-1-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>1-29-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Roanoke, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb. 4, 1955</u> | REGISTRAR'S SIGNATURE <u>Walker Audley</u> | 410 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom B. Patton Huntsville Mo</u> |
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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 *Tom B Patton*

Licensed Embalmer No. *391*

P. O. Address *Huntwell*

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.