

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12535

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN		c. LENGTH OF STAY (If this place) XXXXX	c. CITY OR TOWN LEWISTOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXXXXXX		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS XXXXXXXXXXXXX		(If rural, give location) 05000	

3. NAME OF DECEASED (Type or Print) WILLIAM HENRY MCCOY			4. DATE OF DEATH APRIL 14, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/20/1867	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 11 Days 24
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) WILLIAMSTOWN, MO.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME DAVID MCCOY		13b. MOTHER'S MAIDEN NAME HENRIETTA ALLEN		14. NAME OF HUSBAND OR WIFE LUCY MCCOY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO XXXXXXXXXXXXX		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LUCY MCCOY LEWISTOWN, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH 2 MONS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>of unknown character</i>		
	DUE TO (c)		
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 331 X		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 Feb, 1955, to 10 Apr, 1955, that I last saw the deceased alive on 10 Apr, 1955, and that death occurred at 2:09 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Wilk, M.D.		23b. ADDRESS Lewistown MO		23c. DATE SIGNED 16 Apr 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4/17/55		24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN	
				24d. LOCATION (City, town, or county) (State) LEWISTOWN, MO.	

DATE REC'D BY LOCAL REG. 4-18-55		REGISTRAR'S SIGNATURE P.W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles [unclear] Lewistown, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

560

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.....
Charles L. Crosby, Jr.

Licensed Embalmer No. 4667.....

P. O. Address LEWISTOWN, N.

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.