

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25030

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 61

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Gen. Delivery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U. S. Highway #60</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leon</u>		b. (Middle)		c. (Last) <u>McCoy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 20, 1921</u>	
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>		IF UNDER 24 HRS. Hour <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Advance, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			

13a. FATHER'S NAME <u>George McCoy</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Garner</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred 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>485-14-0810</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred McCoy, Dexter, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest, possible skull fracture, broken right arm and left leg</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U. S. Highway #60</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Liberty Twp. Stoddard, Mo.</u> (COUNTY) <u>10</u> (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 10, 1955 12:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile collision</u>
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22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Ray W. Rainey</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Dexter, Missouri</u>	23c. DATE SIGNED <u>7-11-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bernie</u>	24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-18-55</u>	REGISTRAR'S SIGNATURE <u>W. J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>
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(Licensed Embalmer's 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, or by _____

Lucille Rainey

Student Embalmer No. *508*

working under my personal supervision.

Student *Lucille Rainey*
Student Embalmer

Signed *J. S. [Signature]*

Licensed Embalmer No. *34179*

P. O. Address *Weymouth, 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.