

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30482

State File No.

FILED OCT 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	
c. LENGTH OF STAY (In this place) <u>30yr</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>331 N. Main St.</u>		e. STREET ADDRESS (If rural, give location) <u>703 Adams St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>McCOY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 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>Dec. 31, 1897</u>		9. AGE (In years last birthday) <u>57</u>		10. YEARS UNDER 18 <u>9</u> MONTHS <u>0</u> DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charles McCoy</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Montgomery</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Katherine Behrens</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>487-38-1737</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rose McCoy, St. Charles, Mo.</u>	
				ADDRESS <u>St. Charles, 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>Ruptured Aortic Aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>Unknown</u>	
		DUE TO (c) <u>451X</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Arteriosclerosis</u>		<u>Unknown</u>	

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Charles, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	

22. I hereby certify that I attended the deceased from December, 1948 to Sept. 29, 1955, that I last saw the deceased alive on Sept. 29, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Don L. Randall, M.D.</u>		23b. ADDRESS <u>207 N. 5th St. Charles, Mo.</u>		23c. DATE SIGNED <u>October 1, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 2, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Arthur C. Baul, St. Charles, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 2 1955</u>		REGISTRAR'S SIGNATURE <u>Francis H. ...</u>		284-C	

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1938

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 *Flame M. Bello*

Licensed Embalmer No. 437

P. O. Address *S. Charles*

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.