

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27677**

FILED AUG 28 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5766** Registrar's No. **283**

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural; Miller Township</b>		c. CITY OR TOWN <b>Pittsfield</b>	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)		e. STREET ADDRESS (If rural, give location) <b>945 West Washington</b> <i>1208</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Highway #36-4 miles west</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Willes</b>	b. (Middle) <b>Lathum</b>	c. (Last) <b>McCoy</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 20 - 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>12-21-1917</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dispatcher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mid State Freight service Inc.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>David J. McCoy</b>	13b. MOTHER'S MAIDEN NAME <b>Eddie Day</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Ernest Larnell</i>	ADDRESS <b>Elwood, Kan.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decapitation</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On highway 36</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Miller township of Marion Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Aug 20 1956 p.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>
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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 **6:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>D. M. McDonnell</i>	23b. ADDRESS <i>Crown Hannibal Mo</i>	23c. DATE SIGNED <b>8-21-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-24-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Buchanan Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8/21/56</b>	REGISTRAR'S SIGNATURE <i>W. E. M. Lucke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alfred Clark</i>	ADDRESS <b>Hannibal, Mo.</b>
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(Licensed Embalmer's Signature on Reverse Side)

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

189-0

RECEIVED AUG 27 1956  
MARION CO. HEALTH DEPT.  
DATE FILED AUG 27 1956

SEP 5  
1956

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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.....  


Licensed Embalmer No...4217...

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.