

X  
No. 300  
10.48

FILED NOV 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38859

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5823 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural New Madrid</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Madrid</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>901 Davis St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 Miles N. New Madrid Highway</u>		0720	

3. NAME OF DECEASED (Type or Print) <u>Daniel</u>	a. (First)	b. (Middle) <u>----</u>	c. (Last) <u>McCoy III</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1956</u>
---	------------	-------------------------	----------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Aug. 31, 1935</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>	IF UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
--------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Company</u>	11. BIRTHPLACE (State or foreign country) <u>Cane Girardeau, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>Daniel McCoy III</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Bock</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>+99-40-5272</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jane McCoy New Madrid, Mo</u>	ADDRESS <u>8161</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Car accident, Car and Truck</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Truck Collided, Crushed</u>		
	DUE TO (c) <u>Chest, Fractured Skull</u>		
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 <u>26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, Mo</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 6 56 7 A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Taylor truck and Car run together</u>
--	---	---

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 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. S. Hedgcock</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>New Madrid, Mo.</u>	23c. DATE SIGNED <u>Nov. 8-56</u>
--------------------------------------	----------------------------------	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8 Nov. 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>11/10/56</u>	REGISTRAR'S SIGNATURE <u>L. S. Hedgcock</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undertaking Co.</u>	ADDRESS <u>New Madrid, Missouri</u>
--	---	--	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 13 1956  
NEW MADRID CO. HEALTH CENTER  
O. G. S.

**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 .....  
Student Embalmer

Signed Tommy L. Roberts  
Licensed Embalmer No. 4886  
P. O. Address New Madrid, 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.