

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1957

State File No. 1935

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>52</u>			
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>8 Hrs.</u>		c. CITY OR TOWN <u>Chillicothe</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>Chillicothe Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1212 Third St.</u>				<u>0597-0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u>			b. (Middle) <u>(No Middle Name)</u>		c. (Last) <u>McCOY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 1957</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>Nov. 21, 1910</u>		9. AGE (In years last birthday) <u>46</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 <u>Trucking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Utica, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>John Watt McCoy</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Smith</u>			14. NAME OF HUSBAND OR WIFE <u>Alice Dean Jones McCoy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-14-4092</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice McCoy; Chillicothe, Missouri</u>				ADDRESS	
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>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Occlusion</u>				<u>5 yrs ago</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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) (Min.)		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 <u>Jan 1, 1957</u> to <u>Jan 22, 1957</u> , that I last saw the deceased alive on <u>Jan 21, 1957</u> , and that death occurred at <u>1:07a m.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Joseph A. Conrad M.D.</u>				23b. ADDRESS <u>Chillicothe Mo.</u>				23c. DATE SIGNED <u>Jan 25 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Utica Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Utica, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1-25-57</u>		REGISTRAR'S SIGNATURE <u>Frances B Nail</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>NORMAN FUNERAL HOME: Chillicothe, Mo.</u>					

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

NOV 80 1987

1981 OCT 6 100

**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 *Joseph M. Gibson*

Licensed Embalmer No. 4769

P. O. Address Chillicothe,

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.