

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14305

STATE FILE NUMBER

FILED APR 16 1957

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 257

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Randolph</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Huntsville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Randolph</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bright Street</u>		Length of stay in lb <u>25 yrs.</u>		c. CITY OR TOWN <u>Huntsville</u>		d. STREET ADDRESS <u>Bright Street</u>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		5. SEX <u>female</u>		6. COLOR OR RACE <u>negro</u>	
First <u>Daisy</u>		Middle		Last <u>McCoy</u>		Month <u>April</u> Day <u>6</u> Year <u>1957</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 17, 1893</u>		9. AGE (In years last birthday) <u>63</u>		10. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. BIRTHPLACE (City and state or country) <u>Randolph County, Missouri</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Randolph County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>United States</u>		13. FATHER'S NAME <u>Sam Wayland</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		14. MOTHER'S MAIDEN NAME <u>Loula Buggs</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Otis McCoy: Huntsville, Missouri</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>331x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mo</u> <u>10 yr</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>12/15/56</u> to <u>4/5/57</u> and last saw her alive on <u>4/5/57</u>		22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Huntsville Mo</u>		22c. DATE SIGNED <u>4/8/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>4-9-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>[Signature]</u>		25. DATE RECD. BY LOCAL REG. <u>April 8, 1957</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

4820

NS JUL 31 1961

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 *Tom B Patton* .....

Licensed Embalmer No. *391*

P. O. Address *Hautsville*

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.