

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16861
STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 139 Primary Registration District No. 4221 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt ✓				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mound City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Mound City <i>0440</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Duncan Nurs. Hm.			Length of stay in 1b 6 mos.		d. STREET ADDRESS 3 1/2 Mi. North (If outside, give location)			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Samantha Middle Elizabeth Last McCoy				4. DATE OF DEATH Month May Day 12 Year 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 14, 1869		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY In the home		11. BIRTHPLACE (City and state or country) Holt Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel B. Shultz				14. MOTHER'S MAIDEN NAME Louisa Goldsberry				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mary Alice Clinger, Mound City, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident							INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cerebrothrombosis					6 weeks	
		DUE TO (c) Arteriosclerotic Hypertension					unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 332X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 _____ Month, Day, Year 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 July 1, 1952 to May 12, 1957 and last saw her alive on May 12, 1957 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Decease or title) Isaac F. Luning M.D.				22b. ADDRESS Oregon, Missouri			22c. DATE SIGNED 5-12-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/15/1957	23c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery		23d. LOCATION (City, town, or county) (State) Holt County, Missouri			
24. FUNERAL DIRECTOR James H. Crawford ADDRESS Mound City, Mo.				25. DATE RECD. BY LOCAL REG. 5/12/1957		26. REGISTRAR'S SIGNATURE James H. Crawford		

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 *James H. Crawford*
Licensed Embalmer No. 479

P. O. Address 4796
Mound City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (If 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.