

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046882

VS DEC 20 1960

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 72

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery City Mo</u>		Length of stay in 1b <u>42 yr</u>	c. CITY OR TOWN <u>Montgomery City Mo</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Home</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Roland</u> Last <u>Mc Coy</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>14</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-4-1890</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> 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>Retired Factory Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Foristell Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Spencer Mc Coy</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Mc Coy</u>
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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) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Mrs Anna Mc Coy</u> Address <u>Montgomery</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Decompensation</u>		<u>7 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Myocardial Degeneration</u>	<u>10 years</u>
	DUE TO (c) <u>Generalized Myocardial Degeneration</u>	<u>15 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour <u>5:30</u> a.m. <u>0</u> p.m. <u>0</u> Month, Day, Year <u>Oct. 16, 1951</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Montgomery City Mo</u>	COUNTY <u>Montgomery</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>Oct. 16, 1951</u> to <u>Dec. 14, 1960</u> and last saw <sup>her</sup> him alive on <u>Dec. 14, 1960</u> Death occurred at <u>5:30 P M</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Att Van Ausdall Mc</u>	22b. ADDRESS <u>Montgomery City Mo</u>	22c. DATE SIGNED <u>12-16-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-17-60</u>	23c. NAME OF CEMETERY, OR CREMATORY <u>MONTGOMERY CITY</u>	23d. LOCATION (City, town, or county) (State) <u>MONTGOMERY CITY</u>
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24. FUNERAL DIRECTOR <u>Christina</u> ADDRESS <u>MONTGOMERY CITY MO</u>	25. DATE RECD. BY LOCAL REG. <u>12-16-1960</u>	26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

DEC 21 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by On the 14 th day of Dec 1960, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. W. Hopkins  
*C. W. Hopkins*

Licensed Embalmer No. I487

Montgomery City Mo  
P. O. Address \_\_\_\_\_

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.