

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-025792

STATE FILE NUMBER

AMENDED

Registration District No. 164 Primary Registration District No. 5597 Registrar's No. 88

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

7-20-61

Anna Nora McCoy

3 Anna Nora McCoy

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUL 17 1961**

1. PLACE OF DEATH  
 a. COUNTY Johnson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbus Twn. Length of stay in lb 1 year  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #1 Centerview Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Johnson  
 c. CITY OR TOWN Columbus Twp. Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) RFD #1 Centerview Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Anna Middle Nora Last McCoy 4. DATE OF DEATH Month July Day 14 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9/28/1882 9. AGE (last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 Own home 11. BIRTHPLACE (City and state or country) Johnson County 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William A. Middleton 13b. MOTHER'S MAIDEN NAME Mary Jane White 14. NAME OF HUSBAND OR WIFE Edgar McCoy (Deceased)

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 Mrs. Arthur Parsons RFD #1 Centerview Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH CAUSED BY:  
 IMMEDIATE CAUSE (a) Intestinal obstruction INTERVAL BETWEEN ONSET AND DEATH 5 days  
 DUE TO (b) Remnant adenocarcinoma, rectum 2 yrs  
 DUE TO (c) Primary adenocarcinoma, rectum 2 yrs  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition, given in PART I (a) Diabetes mellitus  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 3:00 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 10-8-46 to 7-14-61 and last saw her/him alive on 7-11-61  
 Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS Warrensburg Mo 22c. DATE SIGNED 7-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/16/61 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery 23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

24. FUNERAL DIRECTOR Sweeney Phillips ADDRESS Warrensburg, Mo 25. DATE RECD. BY LOCAL REG. July 16, 1961 26. REGISTRAR'S SIGNATURE [Signature]

**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 J. Earl Priest

Licensed Embalmer No. 38778

P. O. Address Warrensburg

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.