

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042003

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. Registrar's No. 130

FILED NOV 21 1961

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

3. NAME OF DECEASED (Type or print) First Junior Middle Dale Last Mc Coy	4. DATE OF DEATH Month Nov Day 12 Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 28 1933	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Success Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Lum Mc Coy	13b. MOTHER'S MAIDEN NAME Mary Phillips	14. NAME OF HUSBAND OR WIFE Judie Mc Coy
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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) no	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Judie Mc Coy	Address Richland, Missouri
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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: IMMEDIATE CAUSE (a) Laceration of Brain		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Skull fracture	
	DUE TO (c) Auto - Train accident	

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Victim ran into the side of moving
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20c. TIME OF INJURY Hour 1:25 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	Month, Day, Year 11 12 61	Frisco Freight engine
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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.) R R Crossing	20f. CITY, TOWN, OR LOCATION Richland	COUNTY Pulaski	STATE Missouri
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21. I attended the deceased from on 11/12/61 to _____ and last saw him/her on 11/12/61
Death occurred at 1:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Clarence Moss</i> Coroner	22b. ADDRESS Waynesville, Missouri	22c. DATE SIGNED 11/12/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/12/61	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) Houston	(State) Missouri
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24. FUNERAL DIRECTOR <i>Moss-Williams</i> Richland, Missouri	25. DATE RECD. BY LOCAL REG. 11-12-61	26. REGISTRAR'S SIGNATURE <i>Gene Mae Anderson</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

NOV 22 1961

NOV 30 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

Clarence Pross

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.