

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022042

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 811

FILED JUL 16 1962

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>   |  | Length of stay in 1b. <b>30 years</b>   | c. CITY OR TOWN <b>St. Joseph,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <b>1101 South 14th Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>       |
| 3. NAME OF DECEASED (Type or print)<br>First <b>GEORGE</b> Middle <b>V.</b> Last <b>MC COY</b>   |  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>7</b> Year <b>1962</b>  |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>                    | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Nov. 7, 1894</b>   |
| 9. AGE (last birthday) <b>67</b>   | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> | IF UNDER 24 HR<br>Hours <b>0</b> Min. <b>0</b>  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Attendant</b>   |
| 10a. USUAL OCCUPATION  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>State Hospital #2</b>  | 11. BIRTHPLACE (City and state or country) <b>Halls, Missouri</b>  |
| 13a. FATHER'S NAME <b>Anderson McCoy</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Ida Hisel</b>  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |  | 17. INFORMANT <b>Mrs. Clara L. McCoy-St. Joseph, Missouri</b><br>Address  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute myocardial Failure -</b><br>DUE TO (b) <b>Arteriosclerosis Gen -</b><br>DUE TO (c) <b>myocardial insufficiency - Decomp. fibrosis</b> |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>36 hr.</b><br><b>Yes</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to terminal disease condition given in PART I<br><b>Severe Bronchial Asthma - Emphysema</b>  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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.)   |  |   |  |
| 20c. TIME OF INJURY<br>Hour <b>10:10 PM</b> Month, Day, Year <b>11-26-58</b>   |  |   |  |
| 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 <b>St. Joseph, Mo</b> COUNTY STATE  |
| 21. I attended the deceased from <b>11-26-58</b> to <b>7-7-62</b> and last saw him alive on <b>7-6-62</b><br>Death occurred <b>10:10 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |
| 22a. SIGNATURE <b>Robert W. Kieber, M.D.</b> (Degree or title)   |  | 22b. ADDRESS <b>St. Joseph, Mo</b>  | 22c. DATE SIGNED <b>7-9-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>July 10, 1962</b>                   | 23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>  | 23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>  |
| 24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>July 13 1962</b>  | 26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Standell</b>   |

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
DOCUMENT  
CERTIFICATION  
BY AFFIDAVIT OF

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59  
15117  
25117  
3  
4 0  
5 1  
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9422.1  
10  
11  
12 2-0  
13 1-0

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

**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 Raymond A. Hooy

Licensed Embalmer No. 5147

P. O. Address St Joseph Mo

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.