

McCoy

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025263

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 17

STATE FILE NUMBER

FILED JUL 3 1963

VS 300 Rev. 4/59

10780

20780

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Little Prairie Length of stay in lb 34 Yrs.

c. CITY OR TOWN Caruthersville Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Route One Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year

Mary Magdaline King June 25, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/22/95 9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Dunklin County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jake Tinnon 13b. MOTHER'S MAIDEN NAME Betty Taylor 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No) 16. SOCIAL SECURITY NO. 6 17. INFORMANT Address Lucille Hicks-Caruthersville, 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) coronary disease - infarction INTERVAL BETWEEN ONSET AND DEATH 5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease years

DUE TO (c) Rheumatic fever years

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. 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 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 6-16-53 to 6-25-63 and last saw her/him alive on 6-25-63 Death occurred at 12:00 Midnight on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dr. or title) Warren R. McCoy MD 22b. ADDRESS Caruthersville, Mo. 22c. DATE SIGNED 6-28-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 27, 1963 23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery 23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri

24. FUNERAL DIRECTOR ADDRESS H.S. Smith Funeral Home-C'ville, Mo. 25. DATE RECD. BY LOCAL REG. 6-28-63 26. REGISTRAR'S SIGNATURE Jack W. Tipton

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 W. Dewey Pike

Licensed Embalmer No. 4484
P. O. Address Caruthersville 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.