

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026880
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 167

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 12 1963	
1. PLACE OF DEATH	
a. COUNTY SCOTT	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston Mo.	a. STATE MO.
Length of stay in 1b	b. COUNTY Scott
c. FULL NAME OF (If NOT in hospital, give location) Shufflet Nursing Home	c. CITY OR TOWN Morley Mo.
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Abner	Middle Jaekson
Last MC Coy	4. DATE OF DEATH Month 7 Day 1 Year 1963
5. SEX M	6. COLOR OR RACE W
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/22/1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY
11a. FATHER'S NAME William MC Coy	11b. MOTHER'S MAIDEN NAME Fannie Hovace
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.
17. INFORMANT Fannie MC Coy	Address Morley Mo.
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Cerebrovascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis.
	DUE TO (c)
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Sikeston
21. I attended the deceased from 6/26/63 to 7-1-63 and last saw her him alive on 6-30-63 Death occurred at 1:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE F. D. Urban, M.D.	22b. ADDRESS Sikeston
(Degree or title)	22c. DATE SIGNED 7-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/3/63
23c. NAME OF CEMETERY OR CREMATORY Matthews	23d. LOCATION (City, town, or county) Matthews Mo.
24. FUNERAL DIRECTOR Jackson Funeral Home	25. DATE RECD. BY LOCAL REG. July 10 - 1963
Address Sikeston Mo.	26. REGISTRAR'S SIGNATURE Jeanette Waldman

USE BLACK INK OR TYPEWRITER RIBBON

REC'D
AUG 12 1966

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. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.

Permit received July 1 - 1963