

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **25898**

| | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. 4 | | PRIMARY REG. DIST. NO. 4014 | | Registrar's No. 75 | |
| 1. PLACE OF DEATH a. COUNTY Atchison | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax | | c. LENGTH OF STAY (If in this place) 20 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Fairfax Community Hospt. | | | | d. STREET ADDRESS (If rural, give location) 2030 | | | |
| 3. NAME OF DECEASED (Type or Print) CHESSTEN | | a. (First) HERMAN | | b. (Middle) McCOY | | c. (Last) | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Sept. 28, 1886 | |
| 9. AGE (In years last birthday) 69 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd. carpenter | | 11. BIRTHPLACE (State or foreign country) Stockton, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Herman McCoy | | 13b. MOTHER'S MAIDEN NAME Victoria Edge | | 14. NAME OF HUSBAND OR WIFE Mammie E. McCoy | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 500-07-3933 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mammie E. McCoy | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Germinal uremia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Carcinoma of the prostate DUE TO (b) DUE TO (c) wide spread metastases II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION 5/18/1956 | | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the prostate | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from June 14, 1956, to 8/4/56, 1956, that I last saw the deceased alive on 8/4/56, 1956, and that death occurred at 11:59 A.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Edw. Niedermeyer, M.D. | | | | 23b. ADDRESS Tarkio, Mo. | | 23c. DATE SIGNED 8/6/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8/7/56 | | 24c. NAME OF CEMETERY OR CREMATORY Home Cemetery | | 24d. LOCATION (City, town, or county) (State) Tarkio, Mo. | |
| DATE REC'D BY LOCAL REG. Aug 24, 1956 | | REGISTRAR'S SIGNATURE Harwin H. Schaefer | | 25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home | | | |
| | | | | ADDRESS Tarkio, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

Just A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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 this body is not embalmed, fact should be so stated above.