

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15257

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 5281		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka rural		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kahoka rural		d. STREET ADDRESS (If rural, give location) Madison Jk.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Madison Jk.				d. STREET ADDRESS (If rural, give location) Madison Jk.			
3. NAME OF DECEASED (Type or Print) a. (First) Lucy		b. (Middle) ANN		c. (Last) Mc Coy		4. DATE OF DEATH (Month) (Day) (Year) May 15 1954	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED		8. DATE OF BIRTH July 15-1861	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm Hardy		13b. MOTHER'S MAIDEN NAME Martha Armstrong		14. NAME OF HUSBAND OR WIFE Hamor Mc Coy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Merryl Mc Coy Kahoka, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sterility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis DUE TO (c) 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		19b. MAJOR FINDINGS OF OPERATION		4500		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1946, to May 15, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 5 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of Title) W. Bridges M.D.				23b. ADDRESS Kahoka Mo		23c. DATE SIGNED 5/17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17-1954		24c. NAME OF CEMETERY OR CREMATORY Kahoka Cemetery		24d. LOCATION (City, town, or county) (State) Kahoka, Missouri	
DATE REC'D BY LOCAL REG. 5/19-54		REGISTRAR'S SIGNATURE W. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Olin L. Sutterby Kahoka			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Oliver L. Luttinger

Licensed Embalmer No. 2965

P. O. Address Lacey, 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.