

FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35064**

BIRTH NO. 72508-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fort Leonard Wood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chicago</u>	
c. LENGTH OF STAY (in this place) <u>1 hr, 50 mins</u>		d. STREET ADDRESS (If rural, give location) <u>2304 West North Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>John</u> c. (Last) <u>McCoy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 21, 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>21 October 1956</u>
9. AGE (In years last birthday) <u>1</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>50</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Fort Leonard Wood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Richard Elvis McCoy</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Elsie Hoeflich</u>	14. NAME OF HUSBAND OR WIFE -----
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 US Army Hospital <u>C.B. Milligan, Lt Col, MSC, Fort Leonard Wood</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital urethral stricture with hydroureter and hydronephrosis bilateral</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7573</u>	20. AUTOPSY? YES <input checked="" 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 21 October 1956, to 21 October 1956, that I last saw the deceased alive on 21 October, 1956, and that death occurred at 8:50pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bernard G. Goudner M.D.</u>		23b. ADDRESS US Army Hospital <u>Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>22 Oct 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-23-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Crocker Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-22-56</u>	REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Belle & Ledger</u> HEPPEL FUNERAL HOME'S INC CROCKER MO (Licensed Embalmer's Statement on Reverse Side)		

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

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RECEIVED 10-27-56
Pulaski County Health Officer
147
File Number
Date Filed 10-23-56

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 _____

Dennis E. Cross

Licensed Embalmer No. 4896

P. O. Address Warrensburg, 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.