

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14349

BIRTH NO.		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 3058	Registrar's No. 113
1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give town) Saint Charles		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN Saint Charles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Joseph's Hospital		e. STREET ADDRESS (If rural, give location) 1620 Dale Ave. 0923 0		
3. NAME OF DECEASED a. (First) Floy b. (Middle) E. c. (Last) McCoy		4. DATE OF DEATH (Month) (Day) (Year) April 12, 1957		
5. SEX / Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 30, 1902	9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Howard Tucker		13b. MOTHER'S MAIDEN NAME Ivy Tucker	14. NAME OF HUSBAND OR WIFE Floyd A. McCoy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bobbie L. McCoy, St. Charles, 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) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		INTERVAL BETWEEN ONSET AND DEATH 4 days  5 years  5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 January 19 57, to April 12, 1957, that I last saw the deceased alive on April 12, 1957, and that death occurred at 10:42 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) W. William H. Poggenmeyer MD		23b. ADDRESS St. Charles, Mo		23c. DATE SIGNED April 13, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 15, 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.
DATE REC'D BY LOCAL REG. APR. 15-57		REGISTRAR'S SIGNATURE Mireeva Wilson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Dallenmeyer & Son, St. Charles, Mo.

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

57 40 0

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.....  
Licensed Embalmer No. 4832  
P. O. Address St. Charles

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.