

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014773

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1 Primary Registration District No.          Registrar's No. 138

STATE FILE NUMBER

**FILED MAY 2 1963**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gibbs</b>		Length of stay in: lb <b>sev yrs</b>	c. CITY OR TOWN <b>Brashear</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mark McClanahan Home</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	d. STREET ADDRESS (If outside, give location) <b>        </b>
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>EMMA</b> Last <b>MC COY</b>			4. DATE OF DEATH Month <b>April</b> Day <b>17</b> Year <b>1963</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5 Apr 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>88</b>
13a. FATHER'S NAME <b>Joseph Clay McCoy</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda E. Young</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>		16. SOCIAL SECURITY NO. <b>        </b>	17. INFORMANT Address <b>Von McCoy Brashear, Mo</b>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary Failure</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>			
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			
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 checked="" 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 <b>        </b> a.m. <b>        </b> p.m. Month, Day, Year <b>        </b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY <b>        </b> STATE <b>        </b>
21. I attended the deceased from <b>January 20, 1960</b> to <b>April 17, 1963</b> and last saw her alive on <b>February 15, 1963</b> Death occurred at <b>12:10 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>D.O. 800 W. Jefferson, Kirksville, Mo</b>	22c. DATE SIGNED <b>4/19/63</b>
23a. BURIAL OR CREMATION <b>burial</b>		23b. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>	23c. LOCATION (City, town, or county) (State) <b>Gibbs, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>HUDSON-RIMER FUNERAL HOMES Edina, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Apr. 23 1963</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

MAY - 2 1963

V. H. CASNER, D.O.

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 *A. R. immer*

Licensed Embalmer No. 5041  
P. O. Address Edina, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.