

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-049144**

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 207a

**FILED JAN 6 1964**

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		Length of stay in 1b <u>yrs,</u>	c. CITY OR TOWN <u>St. Charles</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. St. Joseph Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1015 Dardenne</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>H.</u> Middle <u>EDWARD</u> Last <u>MCCOY</u>	4. DATE OF DEATH Month <u>December</u> Day <u>28</u> Year <u>1963</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-7-1920</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MacDonnell Aircrft.</u>	11. BIRTHPLACE (City and state or country) <u>St. Charles, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William E. McCoy</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Brehens</u>	14. NAME OF HUSBAND OR WIFE <u>Agnes L. Lepsky</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Mrs. Agnes McCoy</u> Address <u>1015 Dardenne St. Charles, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u> DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

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 type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
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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 <u></u>	COUNTY <u></u>	STATE <u></u>
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21. I attended the deceased from 12-28-59 to 12-28-63 and last saw him alive on 2-11-63  
Death occurred at 8 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. St. Combsford M.D.</u>	(Degree or title)	22b. ADDRESS <u>114 N. Main St. Charles Mo</u>	22c. DATE SIGNED <u>12-31-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-31-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Catholic Cem.</u>	23d. LOCATION (City, town, or county) <u>St. Charles, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>Arthur C. Baue</u>	ADDRESS <u>620 Jefferson St., St. Charles, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-31-1963</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Zumwalt</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

VS 300	DATE AMENDED
Rev. 4/59	
<u>10928</u>	
<u>20928</u>	
<u>3</u>	<u>2</u>
<u>4</u>	<u>0</u>
<u>5</u>	<u>1</u>
<u>6</u>	
<u>7</u>	<u>0</u>
<u>8</u>	<u>0</u>
<u>9/20/1</u>	
<u>10</u>	
<u>11</u>	
<u>12</u>	<u>9250</u>
<u>13</u>	<u>50</u>

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

JAN 10 1964



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.

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Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ronnie J. Pickering*

Licensed Embalmer No. 15184

P.O. Address St. Charles, 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.