

FILED JUN 7 1945

Registration District No. 360

Primary Registration District No. 2076

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Vernon  
 (b) City or town Nevada  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
312 E. Ashland St. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_ years, months or days) 9 mos.

3. (a) PRINT FULL NAME Opal Olliver Coy.

3. (b) If veteran name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James B. Coy. 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Oct. 8th, 1922.  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>6</u>	<u>28</u>	hr. _____ min.

9. Birthplace Richards Mo. ( )  
 (City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

12. Name Harold Boyd

13. Birthplace New Vienna Ohio  
 (City, town, or county) (State or foreign country)

14. Maiden name Opal Olliver

15. Birthplace Mo ( )  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joe Boyd

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 5-8-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Burial Park

18. (a) Signature of funeral director Richner Funeral Home  
 (b) Address Nevada, Mo.  
 19. (a) 6-4-45 (b) Boyd B. Beuch  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon  
 (c) City or town Nevada  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 312 E. Ashland  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6th  
 year 45 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan 6th 1945, to May 6th 1945  
 that I last saw her alive on April 30, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of stomach Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings: Sarcoma involving pyloric end of stomach  
 Of operations Operation  
 Of autopsy March 26th 1945  
 (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

23. Signature CR King (M. D. or other) \_\_\_\_\_  
 Address Nevada, Mo Date signed 5-8-45

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

MOTHER FATHER

RECEIVED

Death Officer No. 7,

5-43-500

Date Filed 6-6-45

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Mark Eickinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.