

STANDARD CERTIFICATE OF DEATH

State File No. 33599

Registration District No. 82

Primary Registration District No. 30175308

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Rural - Blackwater
(c) Name of hospital or institution: none
(d) Length of stay: In hospital or institution: none
In this community 56 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Rural near Nelson Mo
(d) Street No. L
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ISSAC HARRISON COYNE

3. (b) If veteran, name war 70 3. (c) Social Security No. 710

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Coyne 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 8-13-1889

8. AGE: Years 56 Months 2 Days 17 hr. min.

9. Birthplace Nelson Cooper Mo

10. Usual occupation Farmer

11. Industry or business Same

12. Name Sam Cornumia

13. Birthplace Cooper Co Mo

14. Maiden name Nelson Deal

15. Birthplace Feltie Co Mo

16. (a) Informant Mary E. Coyne

(b) Address Nelson Mo

17. (a) Burial, cremation, or removal Rural (b) Date thereof 10-27-45

(c) Place: burial or cremation Heath Brook Cem Mo

18. (a) Signature of funeral director Hays & Painter

(b) Address Pilot Grove Mo

19. (a) Oct 29 1945 (b) Day Morris

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct - day 25 year 1945 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from August 4th 1945 to October 25 1945; that I last saw him alive on October 25 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

(c) 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature CR G. Weston M.D. or other

Address Pilot Grove, Mo Date signed 10/29/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1639

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 10-31-18

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 Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed Geyton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, 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.