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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20000

State File No. _____

FILED JUN 24 1948

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
South 4th 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 80 yr. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Odessa 54
(If outside city or town limits, write "RURAL")

(d) Street No. 414 S. 2nd St. 60
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Thomas M. Coy

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 24 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>0</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Williamsburg W. Va. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer - Retired

11. Industry or business _____

MOTHER FATHER { 12. Name John P. M. Coy

{ 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah E. Watts

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lyne Bennett

(b) Address Odessa Mo

17. (a) Burial (b) Date thereof March 30 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt. Toket

18. (a) Signature of funeral director Alvin Stone

(b) Address Odessa, Mo

19. Mar 28/48 (Date received local registrar) (c) John D. Hammond (Registrar's signature) 152

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
year 1948 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from March 27 1948 to March 27 1948
that I last saw him alive on March 27 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to PS emboli
Cardio-renal vascular disease

Due to disease

Other conditions (include pregnancy within 3 months of death) _____

Major findings: none 131

Of operations _____

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) no

(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)

(c) Means of injury _____

23. Signature W. M. Martin (M. D. 0)

Address Odessa Mo Date signed 3/28/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-23-48

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 Horace Blumine

Licensed Embalmer No. 2758

P. O. Address Odesa 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.