

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Turner
State File No. 890

FILED JAN 16 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 30

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 5 Yrs.		d. STREET ADDRESS (If rural, give location) 1212 So. Maryland	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John's			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Haden c. (Last) Coday			4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Stock Yard Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wright County Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Coday	13b. MOTHER'S MAIDEN NAME Eliza J. Box	14. NAME OF HUSBAND OR WIFE Zella McClellan Coday
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Zella McClellan Coday	ADDRESS Springfield, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY INFARCTION BY THROMBOTIC EMBOLI		2 WKS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PHLEBOTROMBOSIS OF FEMORAL VEINS DUE TO (c) 466		3 WKS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① CIRRHOSIS OF LIVER ② GASTRITIS, CHRONIC, BLEEDING.		UNKNOWN.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ABOVE DIAGNOSES CONFIRMED BY AUTOPSY	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1)

22. I hereby certify that I attended the deceased from **DEC. 16, 1948**, to **JAN. 12, 1949**, that I last saw the deceased alive on **JAN. 12, 1949**, and that death occurred at **3:30 Pm.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Herman H. Lohmeyer, M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 1/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/14/49	24c. NAME OF CEMETERY OR CREMATORY Mansfield Cemetery	24d. LOCATION (City, town, or county) (State) Mansfield, Missouri
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DATE REC'D BY LOCAL REG. 1-14-49	REGISTRAR'S SIGNATURE W E Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Herman H. Lohmeyer	ADDRESS Springfield, Mo
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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.

Signed _____

Walter E. Hamella

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3808

P. O. Address _____

Birmingham, Ala.

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.