

FILED MAY 25 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 5635

No. 300

10. 48

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|--|--|--|------------------|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>170</u> | | PRIMARY REG. DIST. NO. <u>5635</u> | | Registrar's No. <u>74</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| a. COUNTY <u>Laclede</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Laclede</u> | | admission) <u>53</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg</u> | | c. LENGTH OF STAY (In this place) <u>1</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg</u> | | 0 | |
| d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) <u>Route # 2</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) <u>John</u> | | b. (Middle) <u>William</u> | | c. (Last) <u>M. Coy</u> | | 6. DATE OF BIRTH <u>Nov. 26 1889</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. AGE (In years last birthday) <u>59</u> | | 9. AGE (In years last birthday) <u>5</u> | | 10. MONTH <u>11</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>James M. Coy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Smith</u> | | 14. NAME OF HUSBAND OR WIFE <u>Eunice M. Coy</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eunice M. Coy</u> ADDRESS <u>Phillipsburg Mo.</u> | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of colon</u> | | | | <u>at least 1 year.</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>153X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>July 12, 1948</u> , to <u>May 7, 1949</u> , that I last saw the deceased alive on <u>July 17, 1948</u> , and that death occurred at <u>?</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>W. C. Halman</u> (Degree or title) <u>M. D. C.</u> | | | | 23b. ADDRESS <u>Lebanon, Mo.</u> | | 23c. DATE SIGNED <u>5/9/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 9 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>May 10 1949</u> | | REGISTRAR'S SIGNATURE <u>Wella L. Boyd</u> | | 4024 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Halman</u> | | ADDRESS <u>Lebanon, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1949

Received

Laclede County Health Unit

File No. 5-49-59

Date Filed MAY 23 1949

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.

Student

Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.