

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25932

State File No.

BIRTH NO. _____ REG. DIST. NO. 379 PRIMARY REG. DIST. NO. 4553 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u> <u>1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>WRIGHT</u> <u>114</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MANSEFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MANSEFIELD MO</u> <u>0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LYDIA</u> b. (Middle) <u>ANN</u> c. (Last) <u>CODAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 3-1949</u>		
5. SEX <u>1</u> <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>NOV 6-1892</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>TANNEY Co. MISSOURI</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John C. Floyd</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Solomon</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES CODAY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Delbert Copeland</u> ADDRESS <u>BOLIVAR MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>about 12 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epileptic Convulsion</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Aug 7, 1949, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas J. Hauldie</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Woods, MO</u>		23c. DATE SIGNED <u>8/4/1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wolf Creek Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>WRIGHT Co. MISSOURI</u>					

DATE REC'D BY LOCAL REG. <u>8-4-49</u>		REGISTRAR'S SIGNATURE <u>Kurt Stolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.A. Steffe</u> ADDRESS <u>MANSEFIELD</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

114
0

RECEIVED AUG 8 1949
District Health Office No. 6,
District File Number 849-915
Date Filed 8-5-49

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 F. A. Steffe

Licensed Embalmer No. 3221

P. O. Address Manassas, Va

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.