

FILED NOV 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. **36458**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **51340** Registrar's No. **1259**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph, Washington)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Washington	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.F.D. # 6		d. STREET ADDRESS (If rural, give location) R.F.D. # 6	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First)	b. (Middle) L.	c. (Last) COY	4. DATE OF DEATH (Month) (Day) (Year) 11 15 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-22-1884	9. AGE (In years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar tender	10b. KIND OF BUSINESS OR INDUSTRY Saloon	11. BIRTHPLACE (State or foreign country) Buchanan Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Marion Coy.	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ella Coy
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Coy, R.F.D. # 6, St. Joseph

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1948
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma (origin unknown)		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastasis to Rt. Shoulder DUE TO (c) (a)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. malnutrition			

19a. DATE OF OPERATION 7/2/49	19b. MAJOR FINDINGS OF OPERATION Carcinoma metastasis bone + muscle	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?

22. I hereby certify that I attended the deceased from **5/13/49** to **10/5**, 1949, that I last saw the deceased alive on **10/5**, 1949, and that death occurred at **8:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jacob Kulowicki M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 11-17-49
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 11-17-1949	24c. NAME OF CEMETERY OR CREMATORY Ashland Iowa Public
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		

DATE REC'D BY LOCAL REG Nov. 21, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins	382	FUNERAL DIRECTOR'S SIGNATURE John Camp	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

11
8

NOV 28 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed *John E. Duff*

Licensed Embalmer No. *3986*

P. O. Address *St Joseph*

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.