S. No. 300
10.48

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5718

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. James Dillon Twp
c. LENGTH OF STAY (In this place) 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ferndale Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Salene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marshall, Missouri 097
d. STREET ADDRESS (If rural, give location) - - - - - - - - - - - - - - -

3. NAME OF DECEASED (Type or Print)
a. (First) Coy
b. (Middle) J.
c. (Last) Long

4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec. 8, 1880
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months 1 - Days 27 — IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Labor
11. BIRTHPLACE (State or foreign country) Marshall, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Ferndale Nursing Home, St. James, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

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.* Chronic Nephritis, Chronic Cystitis — 49 [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 15, 1949, *to* February 5, 1950, *that I last saw the deceased alive on* Febr 5, 1, 1950, *and that death occurred at* 8:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE C. Hammler, M.D. (Degree or title)
23b. ADDRESS St. James, Mo.
23c. DATE SIGNED II. 10. '50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Burial)
24b. DATE Removal 2-6-1950
24c. NAME OF CEMETERY OR CREMATORY Salene County
24d. LOCATION (City, town, or county) (State) Marshall, Missouri.

DATE REC'D BY LOCAL REG. Feb-13-50
REGISTRAR'S SIGNATURE Cora E. Birmingham 253
25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Funeral Home, Marshall, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 6 1950
Phelps County Health Officer,

County File Number _____

Date Filed 2-23-50

MAR 1 1950

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 Me, Student Embalmer No. ——, working under my personal supervision.

Signed Carl J. Glenn

Signed ——
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address St. James, 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.