

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19456

State File No.

FILED JUN 18 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 623

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If location: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph <u>1117</u>	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) 713 South 11th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Tillman c. (Last) Coy		4. DATE OF DEATH (Month) (Day) (Year) June 6 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH September 10, 1893
9. AGE (In years last birthday) 57		10. KIND OF BUSINESS OR INDUSTRY Stationary Co.	11. BIRTHPLACE (State or foreign country) Helena, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Isaac Coy	13b. MOTHER'S MAIDEN NAME Josephine Carroll	14. NAME OF HUSBAND OR WIFE Gladys 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. unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys Coy, 713 S. 11th, St. Joseph, Mo.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hydro Pye Nephrosis bilateral Hypertrophy of Prostate		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchitis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostate	20. AUTOPSY? YES <input checked="" 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) St. Joseph Buchanan Mo
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 April 20, 1951, to June 6, 1951, that I last saw the deceased alive on June 6, 1951, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE Charles Greenberg MD	23b. ADDRESS P. O. Box St. Joseph Mo	23c. DATE SIGNED 6/8/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/9/1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph Missouri		

DATE REC'D BY LOCAL REG. June 12, 1951	REGISTRAR'S SIGNATURE Carl C. Costello	25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman Funeral Home	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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EMBALMED

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

William Spalding

Licensed Embalmer No. 4533

P. O. Address 319 S. 11th St. Joseph, 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.