U.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24811

State File No. .....

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 312

0495 U

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 11 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0492
d. STREET ADDRESS (If rural, give location): 506 West Broadway 1

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle):
c. (Last): COYNE

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1952

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 17, 1871
9. AGE (In years last birthday): 81 — If under 1 year: Months 0, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Shullsburg, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Miller
13b. MOTHER'S MAIDEN NAME: No data
14. NAME OF HUSBAND OR WIFE: Thomas F. Coyne

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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Roy Coyne Joplin, Missouri

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): Epidermoid carcinoma of vulva with extension to bladder, vagina and ureteral orifices
INTERVAL BETWEEN ONSET AND DEATH: unknown

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.
Fracture intracapsular right femoral neck 4-24-52

19a. DATE OF OPERATION: 4-28-52
19b. MAJOR FINDINGS OF OPERATION: Intracapsular fracture right femoral neck 4-28-52
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Not considered to be a factor in cause of death
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?: 176 X

22. *I hereby certify that I attended the deceased from* 4-25, 1952, *to* 7-13, 1952, *that I last saw the deceased alive on* 7-13, 1952, *and that death occurred at* 12 55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Kerst MD U
23b. ADDRESS: Joplin Nat'l Bank Bldg Joplin Mo
23c. DATE SIGNED: 7/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 15, 1952
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Missouri

DATE REC'D BY LOCAL REG.: 7-17-52
REGISTRAR'S SIGNATURE: Ed D. James by Dalbus Lampkins D.R. 139
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hedge Lewis Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7/18
Jasper County Health Office
County File Number 5-73
Date Filed 7/18/75 2

AUG 22 1956

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 Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.