

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13770

State File No. _____

FILED MAY 15 1953

BIRTH NO. 20962 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 63

350
1

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>MO</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halecomb R.C.</u>		d. STREET ADDRESS (If rural, give location) <u>Halecomb Rural #1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>Lee</u> c. (Last) <u>Coz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>April 9-1953</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Uelta Coz</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Uelta Coz</u>		ADDRESS <u>Halecomb MO R.C. 1</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Thymic lymphaticus</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 Mon</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) _____ 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: <u>273X</u>	
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 <u>5-12</u> , 19 <u>53</u> , to <u>5-12</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Gumbo T. Davis</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Kennett MO</u>	
23c. DATE SIGNED <u>5-12-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dunklin Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Halecomb MO Rural</u>	
DATE REC'D BY LOCAL REG. <u>5-13-53</u>		REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>	
EMERAL DIRECTOR'S SIGNATURE <u>Derwill Kennett</u>		ADDRESS <u>MO</u>	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 5-14-53
COUNTY FILE NUMBER 553-126

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.....

Licensed Embalmer No.....

P. O. Address.....

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.