

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **18588**

FILED JUN 13 1953

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CANTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u> <u>0560</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARTIN'S CAMP</u>		d. STREET ADDRESS (If rural, give location) <u>SO. of LEWISTOWN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>SAMUEL</u> c. (Last) <u>CODDINGTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 6, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9/14/91</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>61</u> <u>8</u> <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CONSTRUCTION</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROAD BUILDING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEWISTOWN, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JAMES R. CODDINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>MAMIE MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ELLEN CODDINGTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY ELLEN CODDINGTON CANTON, MO.</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>Cardiac failure. Brights Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>25 minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anoxemia, Toxemia.</u>		<u>1 Year.</u>	
		DUE TO (c) <u>Bright's Disease Cardiac failure</u>		<u>5 years.</u>	
		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>7824</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 Sept., 1952, to JUNE, 1953, that I last saw the deceased alive on 1 June, 1953, and that death occurred at 3 p. m., from the causes and on the date stated above. D.O.A.

23a. SIGNATURE (Degree or title) <u>John W. Will, D.O.</u>		23b. ADDRESS <u>Lewistown Mo.</u>		23c. DATE SIGNED <u>7 June 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/8/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>	
				24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MO.</u>	

DATE REC'D BY LOCAL REG. <u>6-9-53</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u>		3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles [unclear] LEWISTOWN, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

60

SEP 5 1957

MISSOURI
JUL 17 1953

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

Charles L. Arnold, Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.