

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Register No. **43351**

FILED JAN 6 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 580

1. PLACE OF DEATH a. COUNTY <u>Casper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Coplen</u>		c. CITY (If outside corporate limits, write RURAL and give township) c. CITY OR TOWN <u>Baxter Springs 8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Creman Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1238 Barfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bladys</u> b. (Middle) <u>Gene</u> c. (Last) <u>Coode</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-53</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 9-1902</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ran Home</u>	11. BIRTHPLACE (State or foreign country) <u>Southport Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>C. E. Luke</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Ockler</u>	14. NAME OF HUSBAND OR WIFE <u>G. S. Coode, Jr.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G. S. Coode, Jr.</u>	ADDRESS _____
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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 <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aneurysm of Basilar Artery</u> DUE TO (c) <u>congenital</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>7546</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 5-3-1946, to 12-24-1953; that I last saw the deceased alive on 12-25-1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. S. Coode, Jr.</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Baxter Springs Mo.</u>	23c. DATE SIGNED <u>12-26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Spgs. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs. Kansas</u>
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DATE REC'D BY LOCAL REG. <u>12-28-53</u>	REGISTRAR'S SIGNATURE <u>G. S. Coode, Jr.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lance Wene</u>	ADDRESS <u>Baxter Spgs. Kas.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JAN 12 1954

RECEIVED JAN 5 1954
Jasper County Health Office

County File Number 54-1-7
Date Filed JAN 5 1954

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

Wene Funeral Home

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Lane Wene

Licensed Embalmer No. 2880 mo.

P. O. Address Baileys Spgs Kan

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.