

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4244 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARTERVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARTERVILLE</u>	
c. LENGTH OF STAY (In this place) <u>65 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>115 NORTH ELIZABETH</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 N. ELIZABETH</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u>	b. (Middle)	c. (Last) <u>COYLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 18, 1954</u>
--	-------------	------------------------	---

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 17, 1864</u>	9. AGE (In years last birthday) <u>90</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>1</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	--------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>FRANKLIN COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>FRANK JONES</u>	13b. MOTHER'S MAIDEN NAME <u>PARTHINAL HORINE</u>	14. NAME OF HUSBAND OR WIFE
---------------------------------------	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROBERT MARVIN COYLE FLORENCE, ALABAMA</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		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>4 yrs</u> <u>4 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Stroke</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Hypertension</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	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 Oct, 1953, to July 18, 1954, that I last saw the deceased alive on July 18, 1954, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. M.D.</u>	23b. ADDRESS <u>222 So. Wall City</u>	23c. DATE SIGNED <u>7-19-54</u>
--------------------------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CARTERVILLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CARTERVILLE, MISSOURI</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>7-20-54</u>	REGISTRAR'S SIGNATURE <u>Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEDGE LEWIS FUNERAL HOME WEBB CITY, MO.</u>
---	---	---

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

0490

0490

RECEIVED JUL 26 195
Jasper County Health Office
County File Number 54-7-
Date Filed JUL 26 195

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.

embalmed