

FILED AUG 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26298**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **861**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>35 yrs</b>	d. CITY OR TOWN <b>St. Joseph</b> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>In Missouri River at Walnut St.</b>		e. STREET ADDRESS (If rural, give location) <b>2208 Bartlett St., 01170</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HAROLD</b>	b. (Middle) <b>EVERETT</b>	c. (Last) <b>COY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7/30/54</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>9/9/1918</b>	9. AGE (In years last birthday) <b>35</b>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Employed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Incapability</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Henry E. Coy</b>	13b. MOTHER'S MAIDEN NAME <b>Sylvia I. Rains</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry E. Coy</b>	ADDRESS <b>2208 Bartlett, St.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION <b>St. Joseph, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Drowned**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) **Man was found dead in the Missouri river. He has apparently been in the river about 46 hours before the body was recovered.**

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 <b>before the body was recovered.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, on hidge, etc.) <b>Missouri River</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Joseph Buchanan MO.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 30 1954 P.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Man drowned in the river</b>
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22. I hereby certify that I attended the deceased **on 8/1/54**, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred **at 8:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Mundy (Coroner) Mo.</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>8/1/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/3/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellows Public Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 9, 1954</b>	REGISTRAR'S SIGNATURE <b>Arthur M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark Funeral Home</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmers' Statement on Reverse Side)

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

0.300  
0.46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>Not</sup>embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *L. J. Chaney*  
Licensed Embalmer No. 4679..

P. O. Address ..... St. ... JOSE

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.