

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. 84

FILED NOV 15 1954

 BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4553 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Manassfield</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Manassfield</u>		d. Is 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 <u>Manassfield</u>				STREET ADDRESS (If rural, give location) <u>Manassfield</u> 1140			
3. NAME OF DECEASED a. (First) <u>JASON</u>		b. (Middle) <u>Columbus</u>		c. (Last) <u>CODAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-12-54</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 24, 1875</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wright County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Elias Coday</u>			13b. MOTHER'S MAIDEN NAME <u>Hennia Ora Coday</u>			14. NAME OF HUSBAND OR WIFE <u>Manassfield</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ora Coday, Manassfield, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES <u>Chronic Bronchitis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
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) <u>490X</u>			
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>Jan 1953</u> , 19 <u>53</u> , to <u>Oct 12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Oct 12</u> , 19 <u>54</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.A. Zimmerman</u> (Degree or title) <u>2 D O</u>				23b. ADDRESS <u>Manassfield Mo</u>		23c. DATE SIGNED <u>10/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>10/4/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hennia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/8/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>387-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter H. Ferrell, Manassfield, Mo.</u>			

County File Number 154-118
Date Filed 11-13-54

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.....
Signature of Student Embalmer

Signed..... *Don G. Farrell*

Licensed Embalmer No. 484

P. O. Address Mansfield,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.