No. 300
10-48

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19892

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5243 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Chariton
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8 mi South of Keytesville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Chariton Township 021 0
d. STREET ADDRESS (If rural, give location) 8 mi South of Keytesville

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Oliver (Last) Coy
4. DATE OF DEATH (Month) June (Day) 26 (Year) 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 25, 1890
9. AGE (In years last birthday) 66 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Near Keytesville Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Cal Coy
13b. MOTHER'S MAIDEN NAME Elizabeth Bivens
14. NAME OF HUSBAND OR WIFE Audrey Latham Coy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. not available
17. INFORMANT'S SIGNATURE OR NAME Mrs. James Coy ADDRESS Keytesville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 36 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatism — 1½ yrs
DUE TO (c) Primary Carcinoma of Prostate

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 177X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1954, *to* June, 1956, *that I last saw the deceased alive on* 6-26, 1956, *and that death occurred at* 3:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE James E. Hombo (Degree or title) ss
23b. ADDRESS Glasgow, Mo
23c. DATE SIGNED 6-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 27, 1956
24c. NAME OF CEMETERY OR CREMATORY Asbury
24d. LOCATION (City, town, or county) (State) Near Shannondale Mo.

DATE REC'D BY LOCAL REG. 7/3/56
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR'S SIGNATURE Hudsley-Trimonth ADDRESS Glasgow Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

210 1

50

FEB 20 1958

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed E W Friemonth

Signed.....
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.