

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1956

State File No. **24629**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>PIKE</b>	
b. CITY OR TOWN <b>Louisiana</b>		c. CITY OR TOWN <b>Bowling Green</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		e. STREET ADDRESS (If rural, give location) <b>0820</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ann</b>	b. (Middle) <b>J.</b>	c. (Last) <b>COYERS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 3 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Aug. 25 1869</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Month <b>10</b> Days <b>8</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or last retired) <b>Mississippi</b>	10b. KIND OF BUSINESS OR INDUSTRY <b></b>	11. BIRTH PLACE (City and State or Foreign Country) <b>Paynesville MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
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13a. FATHER'S NAME <b>Richard Bibb</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Douglas</b>	14. NAME OF HUSBAND OR WIFE <b>Don't know</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></b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. S. Jackson</b>	ADDRESS <b>Alton Ill</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Cholecystitis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adeno-carcinoma of stomach</b> DUE TO (c) <b>Chronic Myocarditis.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>6/27/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Chronic cholecystitis Resection of carcinoma of stomach.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b></b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b></b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>151 X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b></b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b></b>
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22. I hereby certify that I attended the deceased from **5/24/56**, 19**56**, to **7/3/56**, that I last saw the deceased alive on **6/2/56**, 19**56**, and that death occurred at **2:23 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Louisiana, Missouri</b>	23c. DATE SIGNED <b>7/12/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 6 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview</b>	24d. LOCATION (City, town, or county) (State) <b>Louisiana MO</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>July 12 1956</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Grace Hankins</b>	ADDRESS <b>Bowling Green</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1956

OCT 30 1956

SEP 20 1956

**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..... *Harold C. Kim*

Licensed Embalmer No. *413*

P. O. Address *Burlington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.