

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004320

STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 1 Primary Registration District No. 5009 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>ADOIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ADOIR</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WILSON TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>WILSON TOWNSHIP</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi. S. BRASHEAR</u>			Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>5 mi. S. BRASHEAR</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>LETHA</u> Last <u>COY</u>				4. DATE OF DEATH Month <u>FEB</u> Day <u>11</u> Year <u>1958</u>					
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 11, 1887</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HRS. Hours _____ Min. _____		
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>HOME (FARM)</u>		11. BIRTHPLACE (City and state or country) <u>ADOIR COUNTY, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>GEORGE CONKLE</u>				14. MOTHER'S MAIDEN NAME <u>ROSA WILLIS</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497 42 0788A</u>		17. INFORMANT <u>CLARENCE SLEETH</u>		Address <u>BRASHEAR, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>EPITHELIOIDOMA OF TRIGONE OF BLADDER</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>PAPILLOMA OF BLADDER.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>3 years</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>1810</u>						
20c. TIME OF INJURY Hour <u>11:30</u> m. <u>11</u> p. m. Month <u>2</u> Day <u>11</u> Year <u>58</u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
I attended the deceased from <u>Jan 15, 1958</u> , to <u>FEB 11-58</u> and last saw ^{her} him alive on <u>FEBRUARY 11</u> Death occurred at <u>12:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>William W. Klepser M.D.</u>				22b. ADDRESS <u>EDENA MISSOURI</u>		22c. DATE SIGNED <u>2/11/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>FEB 18, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BRASHEAR, Mo.</u>		23d. LOCATION (City, town, or county) <u>BRASHEAR</u>		STATE <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Kelly Rogers</u>				ADDRESS <u>Brashear, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-24-1958</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Pothoff</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

800-56

Do not use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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..... *Robert B. Davis*

Licensed Embalmer No. *42*

P. O. Address *Kirkland*

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.