

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028079

STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 1 Primary Registration District No. 4002 Registrar's No. 286

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. ADAIR b. COUNTY ADAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRASHEAR		c. CITY OR TOWN BRASHEAR	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME		d. STREET ADDRESS (If outside, give location) RESIDE ON FARM	
3. NAME OF DECEASED (Type or print) CHARLES First LEE Middle COY Last		4. DATE OF DEATH SEPT. 3 1958 Month SEPT. Day 3 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 20, 1886
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) South of HURLAND-KNOX-MO.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CHARLES A. COY		14. MOTHER'S MAIDEN NAME LOUISA BOTTS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499 42 0768	
17. INFORMANT MRS. CLARENCE SLEETH BRASHEAR, MO.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE CARDIAC FAILURE			INTERVAL BETWEEN ONSET AND DEATH 8 YR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RHEUMATIC FEVER			50 YR.
DUE TO (c) 416X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour g. m. Month, Day, Year p. m.			
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
21. I attended the deceased from Aug 1, 1958 to Sept 3-58 and last saw ^{him} alive on Sept 3 '58 Death occurred at 4:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William W. Klepser, P. 2		22b. ADDRESS Edina, Missouri	
22c. DATE SIGNED Sept 3-58			
23a. BURIAL, CREMATION, REMAINS (Specify)	23b. DATE SEPT. 5, 1958	23c. NAME OF CEMETERY OR CREMATORY BRASHEAR CEMETERY	23d. LOCATION (City, town, or county) (State) BRASHEAR, MO.
24. FUNERAL DIRECTOR Mrs. Margaret Easley Hurland, Mo.		25. DATE RECD. BY LOCAL REG. 9-11-1958	26. REGISTRAR'S SIGNATURE Doris W. Raloff

Health, Welfare Public Service
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Doctor, coroner, etc. must 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard B. Kelly*.....

Licensed Embalmer No. *44*.....

P. O. Address *Edina*.....

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.