

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 6 1960

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STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in 1b 1 Mo. 28 Dys'		c. CITY OR TOWN Lucerne	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtel Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Susie Middle M. Last Coddington			4. DATE OF DEATH Month Dec. Day 25, Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/27/1874	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months 9 Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Putnam County	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Samuel L. Stottlemeyer		13b. MOTHER'S MAIDEN NAME Nancy Horner	
14. NAME OF HUSBAND OR WIFE Stephen E. Coddington		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. none	
17. INFORMANT Mrs. Clyde Williams - Lucerne, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 8 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Vascular arteriosclerosis.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 Mar 20, 1950 to Dec 25, 59 and last saw her ^{her} him ^{live} on Dec 25, 1959 Death occurred at 3:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G. Dale		(Degree or title) D.O.		22b. ADDRESS Newtown, Mo.	
22c. DATE SIGNED 12/26/59		22d. STATE Mo.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/27/59		23c. NAME OF CEMETERY OR CREMATORY Lucerne Cemetery	
23d. LOCATION (City, town, or county) Lucerne, Missouri		24. FUNERAL DIRECTOR Martin-Azbell Funeral Home		25. DATE RECD. BY LOCAL REG. 1-2-1960	
26. REGISTRAR'S SIGNATURE Howe Moss					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Signatures

(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 myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman Ague

Licensed Embalmer No. 5020

P. O. Address Princeton, Mo.

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.