

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006213**

FILED VS. FEB. 23, 1960

149

Primary Registration District No. 1002

Registrar's No.

765

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in lb <i>unk.</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hosp</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>6905 Spruce</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>FRANCES Pearl Coy</i>				4. DATE OF DEATH Month Day Year <i>Feb 7, 1960</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>7-22-1891</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>		11. BIRTHPLACE (City and state or country) <i>Olney, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.F.</i>		
13a. FATHER'S NAME <i>Louis Linton</i>			13b. MOTHER'S MAIDEN NAME <i>Martha Mudd</i>			14. NAME OF HUSBAND OR WIFE <i>Morris Coy</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>Unknown</i>		17. INFORMANT <i>Norman Baker, Kansas City, Mo</i>			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) <i>Extensive sclerotic heart disease with congenital heart failure</i>							INTERVAL BETWEEN ONSET AND DEATH <i>9 mos</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Carcinoma of breast with extensive metastases</i>							DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 <i>Oct 7, 1959</i> to <i>Feb 7, 1960</i> and last saw <i>her</i> <sup>him</sup> alive on <i>2/7/60</i> Death occurred at <i>2:00 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. G. Kettler</i> (Degree or title) <i>M.D.</i>				22b. ADDRESS <i>Kansas City, Mo.</i>			22c. DATE SIGNED <i>2/8/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2-9-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>		23d. LOCATION (City, town, or county) (State) <i>Slater, Mo.</i>				
24. FUNERAL DIRECTOR <i>Haines Mortuary</i> ADDRESS <i>Slater, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>2-9-60</i>		26. REGISTRAR'S SIGNATURE <i>Bever Minshall</i>				

DOCUMENT

MEDICAL CERTIFICATION

E. G. Kettler

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Bidwell

Licensed Embalmer No. 453

P. O. Address Kansas

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.