

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Chariton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Keytesville, Twp.		Length of stay in 1b 92 Years		c. CITY OR TOWN Keytesville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8-- Miles S. of Keytesville			Inside Limits No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8--Miles S. of Keytesville			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sidney Middle Johnson Last Coy				4. DATE OF DEATH Month Aug. Day 16th Year 1960			
5. SEX Male	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 Sept. 6-1867	9. AGE (last birthday) 92	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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Keytesville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Coy			13b. MOTHER'S MAIDEN NAME Elizabeth Shawley		14. NAME OF HUSBAND OR WIFE Lizzie Anderson		
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 Raymond Coy, Keytesville, 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) Cerebral Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 4 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arteriosclerosis		DUE TO (c) _____			10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 Aug 1 - 60 to Aug 16-60 and last saw him alive on Aug 16-60 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 (Degree or title) W. H. Lawrence MD				22b. ADDRESS Salisbury Mo		22c. DATE SIGNED 8/19/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 18-1960	23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery		23d. LOCATION (City, town, or county) Chariton County, Mo.			
24. FUNERAL DIRECTOR W. D. Lawett Keytesville, Mo.				25. DATE RECD. BY LOCAL REG. 8/19-60	26. REGISTRAR'S SIGNATURE W. H. Lawrence		

DOCUMENT

MEDICAL CERTIFICATION

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 me

or by _____, ~~Student Embalmer No.~~ _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

H.D. Garrett

Licensed Embalmer No. 3040

P. O. Address Key West

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.