

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-61-024626
STATE FILE NUMBER

Registration District No. 190 Primary Registration District No. 3018 Registrar's No. 65

AMENDED FILED JUL 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

| | | | | | | |
|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Dent</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Salem</u> | | Length of stay in 1b <u>1 week</u> | c. CITY OR TOWN <u>Jadwin</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hart Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Jadwin Route</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>ELSIE M. COIGNY</u> | | | 4. DATE OF DEATH Month Day Year <u>July 8 1961</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/5/79</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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>at home</u> | 11. BIRTHPLACE (City and state or country) <u>Carlyle, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Burton Hull</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sophia Watkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Oscar Coigny (Dec'd)</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Paul Coigny</u> | Address <u>Jadwin, Missouri</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>Cerebral hemorrhage</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | |
| 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 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 <u>12/18/59</u> to <u>7/8/61</u> and last saw her/him alive on <u>7/8/61</u> Death occurred at <u>7:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Deceased or title) <u>Martin Mart</u> | | | 22b. ADDRESS <u>Salem, Missouri</u> | | 22c. DATE SIGNED <u>7/8/61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>7/8/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Green Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Bond County, Illinois</u> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Max L. Wurfel Salem, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7/8/61</u> | 26. REGISTRAR'S SIGNATURE <u>M. M. Zerk, M.D. by am.</u> | | | |

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 Max R. Waigel

Licensed Embalmer No. 4170

P. O. Address Salem, Vt

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.