

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22595
 Registrar's No. 59

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>5718</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>MCDONALD</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>SOUTHWEST CITY, MO.</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>MCDONALD</u>	
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>SOUTHWEST CITY 0600</u>		d. STREET ADDRESS _____		(If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>LUKE-EDWARD-COYAN-</u>			b. (Middle) _____			c. (Last) _____	
6. COLOR OR RACE <u>W</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>			8. DATE OF BIRTH <u>1-14-1865</u>	
9. AGE (In years last birthday) <u>86</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>			11. BIRTHPLACE (State or foreign country) <u>OHIO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>HUGH-COYAN</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH-GARRETT</u>	
14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE-COYAN-</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME _____			18. CAUSE OF DEATH			19. INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
18. MEDICAL CERTIFICATION			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			DUE TO (b) <u>Chronic myocarditis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>6/29</u> , 19 <u>51</u> , to <u>7/1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>51</u> , and that death occurred at <u>3:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L.D. Fountain</u> (Degree or title) <u>MD.</u>			23b. ADDRESS <u>Nash, Mo.</u>			23c. DATE SIGNED <u>Aug 9</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLETON-</u>		24d. LOCATION (City, town, or county) (State) <u>MAPLETON-KAN.</u>	
DATE REC'D BY LOCAL REG. <u>8-9-51</u>		REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Humphrey</u> ADDRESS <u>Pineville 226</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1600
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 6 1951

Dist. File 957-25-91

Date Filed 9-6-51

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 _____
Student Embalmer

Signed Mayne E. Humphrey
Licensed Embalmer No. 4262

P. O. Address Pineville, 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 this body is not embalmed, fact should be so stated above.