

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12388

State File No.

BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2001 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
c. LENGTH OF STAY (in this place) YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1020 FURNACE ST.		e. STREET ADDRESS (If rural, give location) 1020 FURNACE ST. 04950	
3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) _____ c. (Last) COKER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 8, 1954
5. SEX F	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JUNE 4, 1877
9. AGE (In years last birthday) 86		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY	11. BIRTHPLACE (City and State or Foreign Country) YELLVILLE, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME UNK	
13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE GEO. W. COKER, DECEASED	
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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LOGAN COKER, GRAND LAKE, GROVE, OKLA.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Cerebral embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 332 X	
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) (Min.)	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>2-1</u> , 19 <u>54</u> , to <u>2-1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-1</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>R. H. Harrison</i>		23b. ADDRESS 617 Frisco Bldg. JOPLIN, MISSOURI	
23c. DATE SIGNED 4-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-12-54	24c. NAME OF CEMETERY OR CREMATORY PARKWAY CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI
DATE REC'D BY LOCAL REG. 4-15-54	REGISTRAR'S SIGNATURE <i>Bo S. James</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	

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

RECEIVED APR 19
Jasper County Health C
County File Number 544
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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 *F. M. Jones*.....

Licensed Embalmer No. *231*

P. O. Address *Joplin*

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.