FILED JUL 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20946

State File No.

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 99

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Webb City~~ Mineral
c. LENGTH OF STAY (in this place) 6 mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jasper County T.B. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carthage
d. STREET ADDRESS (If rural, give location) 219 West 2nd

043

3. NAME OF DECEASED (Type or Print)
a. (First) Mary b. (Middle) Helen c. (Last) Coy

4. DATE OF DEATH (Month) July (Day) 2, (Year) 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 4-14-1892
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Burris
13b. MOTHER'S MAIDEN NAME Lysia Selvy
14. NAME OF HUSBAND OR WIFE Lon Coy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 489-34-9770
17. INFORMANT'S SIGNATURE OR NAME George H. Hobbs ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale (by extension of the lesser circulation) — Interval between onset and death: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Pulmonary Tuberculosis

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 002X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 10, 1955 *to* July 2, 1956, *that I last saw the deceased alive on* July 2, 1956, *and that death occurred at* 7:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE George H. Hobbs (Degree or title) M.D.
23b. ADDRESS Jasper Co. T.B. Hosp.
23c. DATE SIGNED 3 July 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-5-56
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery
24d. LOCATION (City, town, or county) (State) Carthage, Mo.

DATE REC'D BY LOCAL REG. 7-3-56
REGISTRAR'S SIGNATURE Mrs. Madelina Sintzer
25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary - Carthage Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

County File Number
Date Filed JUL 10 1956

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 Frank W. Kuell

Licensed Embalmer No. 4440

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.