

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028105

FILED VS: AUG 17 1959 30

Registration District No. 5103 Registrar's No. 26

STATE FILE NUMBER

| | | | | | | | | |
|--|---|---|--|---|---|--|---|-------|
| 1. PLACE OF DEATH a. COUNTY <u>Benton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warsaw - Lindsay Twp</u> | | Length of stay in lb <u>3 yrs.</u> | | c. CITY OR TOWN <u>Warsaw</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>1/4 Mile West of Warsaw</u> | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) | | Reside on farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>M.</u> Last <u>Coupe Sr.</u> | | | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>9</u> Year <u>1959</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 19, 1892</u> | 9. AGE (last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u> | | 11. BIRTHPLACE (City and state or country) <u>McCook Neb.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Joseph Coupe</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Murney</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Loretta Coupe</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>NO</u> | | 17. INFORMANT <u>Loretta Coupe</u> Address <u>Atchison, Kansas</u> <u>804 South 4th</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| IMMEDIATE CAUSE (a) | | | <u>Myocardial infarction</u> | | | | <u>40 mins</u> | |
| DUE TO (b) | | | <u>Coronary thrombosis</u> | | | | <u>1 hour</u> | |
| DUE TO (c) | | | <u>arteriosclerosis</u> | | | | <u>? years</u> | |
| 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. | |
| <u>Chronic bronchitis and bronchiectasis</u> | | | | | | | <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 <u> </u> a.m. <u> </u> 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>JAN. 1958</u> to <u>8/9/59</u> and last saw him alive on <u>Aug 9, 1959</u> | | Death occurred at <u>8:05 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <u>G. Rhodes, M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>Warsaw, Missouri</u> | | 22c. DATE SIGNED <u>8/9/59</u> | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>Aug 9, 1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Removal (Waruff-Buis Funeral Home)</u> | | 23d. LOCATION (City, town, or county) <u>Atchison</u> | | STATE <u>Kansas</u> | | |
| 24. FUNERAL DIRECTOR <u>John J. Peser</u> ADDRESS <u>Warsaw, Mo</u> | | | 25. DATE RECD. BY LOCAL REG. <u>Aug. 9, 1959</u> | | 26. REGISTRAR'S SIGNATURE <u>Gas. A. Logan</u> | | | |

DOCUMENT

BY AFFIDAVIT OF Informant

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John A. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.

AUG 24 1959