URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038723

LED VS OCT 19 1960

NDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 484 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b: 66 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 414 North Anderson St. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 414 North Anderson St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Daisy; Middle; Last Coy
4. DATE OF DEATH: Month October; Day 5; Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 16Mar1894
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HR: 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: Domestic
11. BIRTHPLACE (City and state or country): Erie, Kansas
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: R. E. Clark
13b. MOTHER'S MAIDEN NAME: Florence Gardner
14. NAME OF HUSBAND OR WIFE: John F Coy (Deceased)
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.: ———
17. INFORMANT: Mrs. Howard Barker, Ft. Scott, Kan. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CHRONIC MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: Several yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS. — Several yrs
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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1954 to Oct 5 1960 and last saw her alive on Oct 5 1960
Death occurred at 9:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] D.O.
22b. ADDRESS 715 FLORIDA AVE
22c. DATE SIGNED 10-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7 Oct 1960
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Joplin, Missouri
24. FUNERAL DIRECTOR: Hurlbut-Glover Mortuary ADDRESS Joplin, Mo.
25. DATE RECD. BY LOCAL REG.: 10-11-1960
26. REGISTRAR'S SIGNATURE: Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NOV 15 1960

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_____ Signed Dale Glove

Signature of Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.