MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED YS DEC 29 1960

-60-046702

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 125

NDED

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Vernon — Length of stay in 1b: 237 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. State Sanatorium — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1907 Kensington — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George — Middle: I. — Last: Coy

4. DATE OF DEATH: Month: Dec. Day: 20, Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 9-19-02
9. AGE (last birthday): 58
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): Machine operator-- Cook's
10b. KIND OF BUSINESS OR INDUSTRY: Helper
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George W. Coy
13b. MOTHER'S MAIDEN NAME: Elizabeth Catherine Spencer
14. NAME OF HUSBAND OR WIFE:

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.: 491-01-3445
17. INFORMANT: San.records,Mo.State San.,Mt.Vernon, Mo — 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): Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Nervous Thrombosis — days
DUE TO (c): Pulmonary Surgery

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary Tuberculosis Far Adv.

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 4-27-60, to 12-20-60 and last saw ~~XXX~~ him alive on 12-20-60
Death occurred at 12:35 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD
22b. ADDRESS: Mt. Vernon, Missouri
22c. DATE SIGNED: 12-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-20-60
23c. NAME OF CEMETERY OR CREMATORY: Forest Park
23d. LOCATION (City, town, or county) (State): Joplin, Missouri

24. FUNERAL DIRECTOR — ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 12-24-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 1319

P. O. Address Joplin M

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.