

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032660

AMENDED

Registration District No. 140 Primary Registration District No. 5546 Registrar's No. 93

STATE FILE NUMBER

FILED SEP 18 1961

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Franklin</b>		Length of stay in 1b <b>25 years</b>	c. CITY OR TOWN <b>Franklin</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Second St. (At Barn)</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Second Street</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>William</b> Last <b>Coy</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>13</b> Year <b>1961</b>			
--	--	--	---	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 6, 1900</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
-----------------------	----------------------------------	---	--	-------------------------------------	---------------------------	------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Sales Barn</b>	11. BIRTHPLACE (City and state or country) <b>Chariton county, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
--	--	---	---

13a. FATHER'S NAME <b>George W. Coy</b>	13b. MOTHER'S MAIDEN NAME <b>Mattie Jagers</b>	14. NAME OF HUSBAND OR WIFE <b>Never married</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi) <b>No</b>	17. INFORMANT Address <b>Noah Coy Franklin, Missouri</b>
---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>instant</b>
DUE TO (b) _____		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>natural</b>
--	---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <b>Sept 13, 1961</b>
---	--

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.) <b>Lead on arrival</b>	20f. CITY, TOWN, OR LOCATION <b>Franklin</b>	COUNTY <b>Howard</b>	STATE <b>Missouri</b>
--	--	---	-------------------------	--------------------------

21. I attended the deceased from <b>Sept 13, 1961</b> to <b>Sept 13, 1961</b> and last saw her/him alive on <b>Sept 13, 1961</b> Death occurred at <b>8 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE (Degree or title) <b>M. J. Shaw, Jr. M.D.</b>	22b. ADDRESS <b>Lee Hospital, Fayette, Mo</b>	22c. DATE SIGNED <b>9-16-61</b>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 16, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Boonesboro cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Howard county Missouri</b>
--	------------------------------------	--	--

24. FUNERAL DIRECTOR <b>Markland Hall</b>	ADDRESS <b>New Franklin, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-16-61</b>	26. REGISTRAR'S SIGNATURE <b>Katherine Welch</b>
--	-------------------------------------	--	---

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

DOCUMENT

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, N

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.