

No. 2
10397
7354
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14194

MAY 16 1940 30

State File No. _____
Registrar's No. 27

Registration District No. _____

Primary Registration District No. 5042

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Kings Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community: about 59 or 60 years (Specify whether years, months or days) 252

8. (a) PRINT FULL NAME Francis Lucien Coutant

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased March 14 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Etain, Dept. of Meuse, France
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Francis Emile Coutant

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sadone Tessier

15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. A. Arnaud

(b) Address R.F.D. 2 Monett Missouri

17. (a) Burial (b) Date thereof April 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Private Cemetery

18. (a) Signature of funeral director Ed Cairns
(b) Address Monett

19. (a) 4-29-40 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1940 hour 10 30 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Supposed heart attack

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3/ While at work? _____ (Specify type of place) (e) Means of injury Accident

23. Signature Phyllis Ballaway (M. D. or other) Coroner
Address Monett Date signed 4-29-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

40

RECEIVED

District Health Officer No. 6,

District File Number 540-1322

Date Filed MAY 14 1940

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

myself Registered Apprentice No.

working under my personal supervision.

Signed

Phyllis Lawrence
Licensed Embalmer No. 3066

P. O. Address Mount St. Vincent

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 this body is not embalmed, above space should be left blank.