S. No. 2
-11-10-39
5-17-39
PI X21492

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

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4695

Registration District No. 875 Primary Registration District No. 6161 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Badger Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada, Mo RFD #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Nevada, Mo RFD #2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ardeal C. Coates

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, div. Married

6. (b) Name of husband or wife Marshall P. Coates

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb (Month) 16 (Day) 1877 (Year)

8. AGE: Years 63 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Jesse Cunningham

FATHER 13. Birthplace Unknown (City, town, or county) N.Y. (State or foreign country)

MOTHER 14. Maiden name Nancy Lee

MOTHER 15. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Marshall Coates

(b) Address Nevada, Mo Rt #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/41 (Month) (Day) (Year)

(c) Place: burial or cremation Steppe Cemetery

18. (a) Signature of funeral director Feely Funeral Home

(b) Address Nevada, Mo

19. (a) 1-23-41 (Date received local registrar) (b) Allen V. Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21, year 1941 hour 3:00 minute A M.

21. I hereby certify that I attended the deceased from 1-1, 1941, to 1-21, 1941; that I last saw h. alive on 1-2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to 1. Coronary Occlusion

2. Rt. hemiplegia

Due to probably due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Senility

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. Braxton Davis (M. D. or other) M.D.

Address Nevada Mo Date signed 1-21-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-41-224
Date Filed 2-5-41

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~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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.