

Registration District No. 108 Primary Registration District No. 5692-5807A Registrar's No. 221

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

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Stella
 (c) Name of hospital or institution: Stella Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution One Day
 In this community One Day
 years, months or days

3. (a) PRINT FULL NAME William M. Coughlin

3. (b) If veteran, name war none 3. (c) Social Security No. _____

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 alive _____ years

7. Birth date of deceased June 4 1870
 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Washington Kentucky
 (City, town, or county) (State of foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Thomas Coughlin

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

14. Maiden name Mary Pickett

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

16. (a) Informant Mrs Fred Plessner

(b) Address Maysville Ky

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

(c) Place: burial or cremation Maysville Ky

18. (a) Signature of funeral director H. S. Lambert - M.D. Co

(b) Address Joplin Mo 2

19. (a) 6-9-1941 (b) H. C. O'Connell
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County McDonald
 (c) City or town Rural Noel
 (If outside city or town limits, write "RURAL")
 (d) Street No. Elk River Township
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
 year 1941 hour 4:00 minute _____ a. M.

21. I hereby certify that I attended the deceased from August
 _____, 1940 to June 2, 1941
 that I last saw him alive on June 1, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial decomposition
Endocarditis

Duration
1 mo
2 yrs

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?

23. Signature J. D. Fontana (M. D. or other) J. D.
 Address Noel, Mo. Date signed June 2

RECEIVED

District Health Officer No. 6;

File number 741-1047

Received JUL 8 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.

can't secure the informatio
questea for this cert. with
that informatio that is on
the cert. I am enclosing
what the undertake
wrote me on the enclosed
Post Card
ada calling local reg.
stilla

4
MO

Mrs. Babe Collins
(Registrar)

Stella 1741-erunf

Mo. 90808 (7)-5

Wheaton, Mo.
September 2nd. 19

Ada Collings

Stella, Mo.

In regard to the death certificate of Mr William M. Coughlin, of Noel Mo. I recieved the body from the Stella Hospital and embalmed it for the Pyeattes Funeral Home of Gravette Ark. who filled out the death certificate, and secured the shipping papers to Ky. where He was burried. I do not remember the name of the town in Ky. where he was to be shipped.

Respectfully yours
W. M. Pogue

THIS SIDE OF CARD IS FOR ADDRESS



Ada Collings
Stella, Mo.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 608

Primary Registration District No. 5807A

Registrar's No. _____

1. PLACE OF DEATH: Newton

(a) County _____

(b) City or town _____
(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 _____
(Specify whether _____)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William M. Coughlin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1944 hour _____ 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.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased June 4 1870
(Month) (Day) (Year)

Immediate cause of death _____
Duration _____

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

Due to _____
Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____
Of operations _____

11. Industry or business _____

Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof ✓
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 21-1944 (b) Ada Collins
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTAL

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