DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6582

State File No.

REC MAR 13 1943

Registration District No. 157 | Primary Registration District No. 3028 | Registrar's No. 42

1. PLACE OF DEATH:

48 (a) County: Jasper

1 (b) City or town: Carthage (If outside city or town limits, write "RURAL" and name of township)

2 (c) Name of hospital or institution: McCune-Brooks Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED: 6

(a) State: Missouri (b) County: Barton 0

(c) City or town: Golden City 0 (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.? 1 years.

3. (a) PRINT FULL NAME: John Dorsey Coiner

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: male

5. Color or race: white 0

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: Sara M. Coiner

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

7. Birth date of deceased: September (Month) 19 (Day) 1849 (Year)

8. AGE: Years 93 | Months 4 | Days 22 | If less than one day: hr. min.

9. Birthplace: Augusta Co. (City, town, or county) Va. 1 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Andrew Coiner

13. Birthplace: unknown (City, town, or country) 9 (State or foreign country)

MOTHER 14. Maiden name: Estaline Smith

15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature: Josephine Coiner

(b) Address: Golden City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 13, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: I. O. O. F. Cem. Golden City Mo.

18. (a) Signature of funeral director: Phillips Funeral Home

(b) Address: Golden City, Mo.

19. (a) Feb. 15 '43 (Date received local registrar) (b) Elizabeth Coplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11th year 1943 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from Feb 8, 1943 to Feb 11, 1943 that I last saw him alive on Feb 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Comminuted fracture Left Femur; Intertrochanteric	
Due to: a fall	
Due to: Right Lower Hypostatic Pneumonia	
Other conditions (Include pregnancy within 3 months of death): Senile hypertr. sclerosis	

Major findings:
Of operations: No
Of autopsy: No

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): accidental fall

(b) Date of occurrence: 1943

Where did injury occur? Golden City (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? no (e) Means of injury: fall from bed

23. Signature: C B Clayton M.D. (M. D. or other) MD

Address: Carthage Mo Date signed 3/14/43

(Licensed Embalmer's Statement on Reverse Side)

REV. 5-17-39 I X19511

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

13-2-16 d

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. 327

P. O. Address Golden City M

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.