FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 20 1947

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3006

State File No. 37041

Registrar's No. 294

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution: 4 Hours
(Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

(c) City or town: Columbia 0
(If outside city or town limits, write "RURAL") 0

(d) Street No.: Route 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: DOROTHY JEAN COATS

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: 11 (Month) - 12 (Day) - 1947 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	4 hr. min.

9. Birthplace: Columbia (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Bob Coats
13. Birthplace: Osage County (City, town, or county) Oklahoma 1 (State or foreign country)

MOTHER
14. Maiden name: Helen Easley
15. Birthplace: Boone County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Bob Coats
(b) Address: Route 3, Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cemetery

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia, Mo.

19. (a) 11-14-47 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 12
year: 1947 hour: 4 minute: 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 12th, 1947, to Nov. 12th, 1947, that I last saw him alive on Nov. 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Intra-ventricular Hemorrhage	
Due to: Prematurity	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 160A

PHYSICIAN — Underline the cause of 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: 0

23. Signature: James M. Baker M.D. (M.D. or other)
Address: Columbia, Mo. Date signed: Nov. 14, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number NOV 19 1947
Date Filed

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 Chas L Daring

Licensed Embalmer No. 4132

P. O. Address Columbia, Ill

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.