

FILED JAN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39682

State File No.

263

BIRTH NO. _____ REG. DIST. NO: 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 1

| | | | | | |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cole</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>36</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion Township</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marion Township Rural</u> <u>3</u> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>1</u> | | | d. STREET ADDRESS (If rural, give location) <u>2 Miles West of Marion, Mo</u> | | |

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|--|-------------|-----------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) <u>Mary Stella Coonce</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 31 1948</u> | | |
| a. (First) | b. (Middle) | c. (Last) | | | |

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|--|-------------------------------|---|---|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 12, 1900</u> | 9. AGE (In years last birthday) <u>48</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u> | 11. BIRTHPLACE (State or foreign country) <u>Marion, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>American</u> | |

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|---|---|---|
| 13a. FATHER'S NAME <u>John W. Connell</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Dawson</u> | 14. NAME OF HUSBAND OR WIFE <u>Porter E. Coonce</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Porter E. Coonce</u> | ADDRESS <u>Marion, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arteriosclerosis + phlebitis</u> | | |
| | DUE TO (b) _____ | | |
| | DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>946</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Dec 25, 1948, to Dec 25, 1948, that I last saw the deceased alive on Dec 25, 1948, and that death occurred at 4 A m., from the causes and on the date stated above.

| | | |
|---|--------------------------------|--------------------------------|
| 23a. SIGNATURE <u>J. J. Broun</u> (Degree or title) <u>D.O.</u> | 23b. ADDRESS <u>California</u> | 23c. DATE SIGNED <u>1/1/49</u> |
|---|--------------------------------|--------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-3-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Marion, Mo. Cole Co.</u> <u>2</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan. 2</u> | REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittmeyer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buescher</u> | ADDRESS <u>Jefferson City Mo</u> |
|--|--|---|----------------------------------|

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 6 1949

JAN 18 1949

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City
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, fact should be so stated above.