

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **650**

FILED FEB 5 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLINTON</b>	
b. CITY OR TOWN <b>CAMERON</b>		c. CITY OR TOWN <b>CAMERON</b>	
c. LENGTH OF STAY (If this place) <b>Life time</b>		d. STREET ADDRESS (If rural, give location) <b>925 W PROSPECT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>222 W 3rd St. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>A</b> b. (Middle) <b>SAMUEL</b> c. (Last) <b>COON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 22 1949</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JULY 15 1892</b>	9. AGE (In years last birthday) <b>56</b>	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DAY LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>DE KALB CO MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>					

13a. FATHER'S NAME <b>Wm Coon</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA CALDWELL</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>Yes World War I</b>	16. SOCIAL SECURITY NO. <b>495-0 23294</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. L. Jagger</b>	ADDRESS <b>Kennett City Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Disease of Coronary Arteries</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. H. Templeman, Coroner 3</b>	23b. ADDRESS <b>Cameron, Mo.</b>	23c. DATE SIGNED <b>1-22-49</b>
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24a. BURIAL, CREMATION, REINTERMENT (Specify)	24b. DATE <b>Jan. 24, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Graceland</b>	24d. LOCATION (City, town, or county) (State) <b>Cameron Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 24, 1949</b>	REGISTRAR'S SIGNATURE <b>Wmifred W. Mosley</b>	390	25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Funeral Home</b>	ADDRESS <b>222 W 3rd</b>
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FEB 8 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 George J. Vignone

Licensed Embalmer No. 4425

P. O. Address 224 West 4th  
Cameron, 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.