

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11636

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 1621

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BUTLER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>POPLAR BLUFF MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1021 ALICE POPLAR BLUFF MO.</b>		d. STREET ADDRESS (If rural, give location) <b>1021 ALICE St.</b>	
3. NAME OF DECEASED (Type or Print) <b>COATHIE</b>		a. (First) <b>COATHIE</b>	b. (Middle) _____
c. (Last) <b>GATES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 27 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>Oct. 1901</b>
9. AGE (In years last birthday) <b>47</b>		if UNDER 1 YEAR <b>6</b> Months	if UNDER 12 HRS. <b>12</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <b>LEE COUNTY ARK.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JAKE BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>CAROLINE</b>	
14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JIM HALEY</b> ADDRESS <b>1021 ALICE St POPLAR BLUFF MO.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of the liver</b> ANTECEDENT CAUSES Morbidity 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. <b>Institution</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>10 mos.</b>		5810	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) _____		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 <b>15 Dec, 1947</b> , to <b>27 Dec, 1949</b> , that I last saw the deceased alive on <b>15 Apr, 1949</b> , and that death occurred at <b>3:45 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm. H. Johnson</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>	
23c. DATE SIGNED <b>30 Apr 49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>5/2/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>POPLAR BLUFF MO.</b>		DATE REC'D BY LOCAL REG. <b>May 3 1949</b>	
REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Frank Cottrell</b> ADDRESS <b>Poplar Bluff, Mo.</b>	

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

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MAY 9 REC'D

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

549-87

5-9-49

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**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.

Signed John M. Savies

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4620

P. O. Address Poplar Bluff 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.