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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 24 1949

State File No. 15633

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Calhoun</b>	
c. LENGTH OF STAY (In this place) <b>28 days</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) <b>Laura</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Coe</b>	May		16 1949			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 6, 1874</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 1 HR. Days <b>10</b>	Hours <b>10</b>	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Clair County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		

13a. FATHER'S NAME <b>J. J. Stephens</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Schmidt</b>		14. NAME OF HUSBAND OR WIFE <b>William A. Coe</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Steve Neil, Calhoun, Missouri</b>		ADDRESS	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. INTERVAL BETWEEN ONSET AND DEATH <b>2yr 6 Mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of left breast</b>		
	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.		<b>170X</b>	

19a. DATE OF OPERATION <b>1948</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of left breast - metastasis to left axilla</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		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 **Jan 7, 1949**, to **May 16, 1949**, that I last saw the deceased alive on **May 15, 1949**, and that death occurred at **3:15a m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>S. B. Hughes, M.D.</b>		(Degree or title)		23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>5/17/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-18-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-18-49</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Huston Turner</b>		ADDRESS <b>Windsor, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 4-49-57

Date Filed 5-23-49

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

Signed

*William M. Turner*

Licensed Embalmer No.

*4648*

P. O. Address

*Windsor, Md*

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.