No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

FILED AUG 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 22875

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 305

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): transient
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): En-route to Poplar Bluff Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pratt 8150
d. STREET ADDRESS (If rural, give location): 520 North Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): C.
b. (Middle): Ezra
c. (Last): Coons

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 7-25-1889

9. AGE (In years last birthday): 61 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rep. Salvation Army

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montrose South Dakota 1

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Joseph Coons

13b. MOTHER'S MAIDEN NAME: Minnie Fuller

14. NAME OF HUSBAND OR WIFE: Nellie S. Coons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Nellie S. Coons Pratt, Kansas

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Angina Pectoris

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.

INTERVAL BETWEEN ONSET AND DEATH: 4202

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner

23b. ADDRESS: Poplar Bluff, Mo.

23c. DATE SIGNED: 7/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 7/28/50

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Pratt Kan.

DATE REC'D BY LOCAL REG.: July 29-1950

REGISTRAR'S SIGNATURE: Wm. H. Johnson 428

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Greer Croy & Fitch, Poplar Bluff, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 1 1950
BUTLER CO. HEALTH CENTER
FILE No. 950-319

SEP 1 1950

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 Joseph R. Matlock, Student Embalmer No. 375, working under my personal supervision.

Student Joseph R. Matlock
Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

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.