

FILED JUL 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24265

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4406 Registrar's No. 238

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Houston</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Houston</i> <i>1800</i>	
c. LENGTH OF STAY (In this place) <i>13</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Lestic</i> b. (Middle) <i>Albert</i> c. (Last) <i>Coats</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 14 50.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>1</i>	8. DATE OF BIRTH <i>Oct 11 1875</i>	9. AGE (In years last birthday) <i>74</i>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Pettis Co Mo</i>		11. BIRTHPLACE (State or foreign country) <i>0</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U S</i>					

13a. FATHER'S NAME <i>J M Coats</i>		13b. MOTHER'S MAIDEN NAME <i>E A Strole</i>		14. NAME OF HUSBAND OR WIFE <i>M. Maud McHudak</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>1</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Lester Skillman Houston</i>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4201</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Age</i>		
		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		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <i>Houston Pettis Mo</i>	
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 *June 1, 1950*, to *July 13, 1950*, that I last saw the deceased alive on *July 13, 1950*, and that death occurred at *7 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>C. L. Parkhurst, M.D.</i>		23b. ADDRESS <i>Houston Mo</i>		23c. DATE SIGNED <i>July 16/1950</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>7-16-50</i>		24c. NAME OF CEMETERY OR CREMATORY <i>La Monte</i>	
				24d. LOCATION (City, town, or county) (State) <i>La Monte Mo</i>	

DATE REC'D BY LOCAL REG. <i>7-16-1950</i>		REGISTRAR'S SIGNATURE <i>A. Campbell M.D.</i>		F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wetherwood Houston</i>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7/24/50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-24-50

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

H. K. Smiley

Signed

Student Embalmer

Licensed Embalmer No.

3987

P. O. Address

Houstonia

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.