

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10v Bryan 13195
State File No. 6

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5692 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Person Town</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Person Town 0580</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADAM</u>		b. (Middle) <u>EMILY</u> c. (Last) <u>COATES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr-15-1951</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July-7-1871</u>	
9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u>8</u> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Linn Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Miss L. Watson</u>	
13b. MOTHER'S MAIDEN NAME <u>Eliza J. Parks</u>		14. NAME OF HUSBAND OR WIFE <u>Mark G. Coates</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jane Marie Coates</u>		ADDRESS <u>Meadeville Mo</u>	
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES MORIBUND 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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) (Min.)		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 <u>Apr 11</u> , 19 <u>51</u> , to <u>Apr 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr 15</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Bryan</u> (Degree or title)		23b. ADDRESS <u>Wheeling Mo. 4-17-51</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr-17-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Meadeville</u>		24d. LOCATION (City, town, or county) (State) <u>Meadeville Mo</u>	
DATE REC'D BY LOCAL REG. <u>April-17-51</u>		REGISTRAR'S SIGNATURE <u>Christa M. ...</u> <u>169</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Funeral Home Brookfield Mo</u>		ADDRESS	

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

0580
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Date Received: APR 24 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-787
Date Filed: APR 25 1951

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

J. G. Blacklock

Licensed Embalmer No. 2246

P. O. Address *Brookfield 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.