

FILED JUN 11 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15630
Registrar's No. 610

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> 0117 | |
| c. LENGTH OF STAY (In this place) <u>2 1/2</u> | | d. STREET ADDRESS (If rural, give location) <u>203 No. 31st.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>203 No. 31st.</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Willis</u> (Type or Print) | | b. (Middle) <u>Robert</u> | | c. (Last) <u>Coats</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1951</u> | |
| 5. SEX <u>male</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>April 23, 1908</u> | |
| 9. AGE (In years last birthday) <u>43</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>retail</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>John B. Coats</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amanda Embre</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mattie Dell Coats</u> | |

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|---|--|---|--|---|--|-----------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>491-10-5149</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Dell Coats</u> | | ADDRESS <u>St. Joseph, Mo.</u> | |
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| 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) <u>Through and through</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. -- DUE TO (b) <u>32 Caliber revolver wound</u> DUE TO (c) <u>through his left chest</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>89768</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Man shot himself through</u> | | | | | | | |

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|---|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>while on the stairs, to the basement of his home</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>June 2, 1951 5:00 p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>32 Caliber revolver shot.</u> | |

22. I hereby certify that I observed the deceased from on 6/2, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>H F Mundy M.D. (Coroner)</u> | | 23b. ADDRESS <u>St. Joseph Mo</u> | | 23c. DATE SIGNED <u>6/2/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>6/4/1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> | | | |

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|---|--|---|--|--|--|-----------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>June 7, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Coats</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norton - Bowman</u> | | ADDRESS <u>St. Joseph, Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951-15-1951

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

William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joseph,

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.