

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5318

024

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2099	
3. NAME OF DECEASED (Type or Print) a. (First) EDGAR b. (Middle) Cleveland c. (Last) COONROD		4. DATE OF DEATH (Month) (Day) (Year) 6-9-51	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb 14, 1889
9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	11. BIRTHPLACE (State or foreign country) GREEN COUNTY, ILLINOIS	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME FRANK COONROD	13b. MOTHER'S MAIDEN NAME Georgie BRISTOL	14. NAME OF HUSBAND OR WIFE Lena COONROD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs V. Ellen, 1922 E Prairie, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <u>Coronary Thrombosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H201	
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 _____, 19____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter Perry Registrator		23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6/11/51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 14/51	24c. NAME OF CEMETERY OR CREMATORY Carrollton, Ill.	24d. LOCATION (City, town, or county) (State) Carrollton Ill.
DATE REC'D BY LOCAL REG. JUN 11 1951	REGISTRAR'S SIGNATURE J. B. Lanter	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bill Campbell Mortuary, 4215 S. Mill, Kansas	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Rex C Campbell*

Signed.....
Student Embalmer

Licensed Embalmer No *3881*

P. O. Address *St Louis, 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.