

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27429**

FILED SEP 6 1951

Registrar's No. **138**

BIRTH NO. _____		REG. DIST. NO. <b>155</b>		PRIMARY REG. DIST. NO. <b>4245</b>		Registrar's No. <b>138</b>			
1. PLACE OF DEATH a. COUNTY <b>JASPER 0490</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>ORDNOGO</b>		c. LENGTH OF STAY (In this place) <b>6 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ORDNOGO 0490</b>		d. STREET ADDRESS (If rural, give location) <b>Gen Del ORDNOGO</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home ORDNOGO</b>									
3. NAME OF DECEASED a. (First) <b>EDWARD</b> (Type or Print)			b. (Middle) <b>C.</b>		c. (Last) <b>COATS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 27 1951</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>FEB 9 - 1980</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <b>71 6 78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>		11. BIRTHPLACE (State or foreign country) <b>Exeter Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John COATS</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH SMITH</b>			14. NAME OF HUSBAND OR WIFE <b>MYRTLE COATS ORDNOGO</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Myrtle Smith, OrdnoGO Mo</b>					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>atherosclerosis (coronary)</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 <b>10 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>2611X</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>8-26, 1951</b> , to <b>8-27, 1951</b> , that I last saw the deceased alive on <b>8-27, 1951</b> , and that death occurred at <b>8:20 A. M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Mrs. M. B. Clark</b>			23b. ADDRESS <b>Neosho Mo</b>			23c. DATE SIGNED <b>8/27/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>8-30-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>D.O.O.F. Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Neosho Mo</b>			
DATE REC'D BY LOCAL REG. <b>Aug 30-51</b>		REGISTRAR'S SIGNATURE <b>J.L. Satele</b>		13.7 25. FUNERAL DIRECTOR'S SIGNATURE <b>CLARK BIGHAM</b>		ADDRESS <b>Neosho</b>			

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

RECEIVED 2-5-51  
Jasper County Health Office

County File Number 51/8/700

Date Filed 2-5-51

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

Harold D. Gibson

working under my personal supervision.

Student Embalmer No. 424

Signed H. D. Gibson  
Student Embalmer

Signed H. By - White

Licensed Embalmer No. 4240

P. O. Address Neosho, 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.