

FILED NOV 14 1951

STANDARD CERTIFICATE OF DEATH

State File No. 32853
Registrar's No. 99

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011

1. PLACE OF DEATH
a. COUNTY Carroll

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Carroll

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carrollton c. LENGTH OF STAY (In this place) township) one day

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina, Mo. 0170

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bales Hospital

d. STREET ADDRESS (If rural, give location) RFD# 3 Miles SW Tina, Tina.

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES OTIS b. (Middle) _____ c. (Last) COBURN

4. DATE OF DEATH (Month) (Day) (Year) Oct. 29th 1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 16, 1882 9. AGE (In years last birthday) 69 1 YEAR 13 MONTHS 13 HOURS 13 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Carroll Co, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hiram Coburn 13b. MOTHER'S MAIDEN NAME Anna Caskey 14. NAME OF HUSBAND OR WIFE Aicy Coburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____

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) myocardial infarction INTERVAL BETWEEN ONSET AND DEATH within

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary disease of heart
DUE TO (c) arteriosclerosis

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: 4201 20. AUTOPSY? YES 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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK? 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10-28, 1951, to 10-29, 1951, that I last saw the deceased alive on 10-28, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Carrollton Mo 23c. DATE SIGNED 10-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov. 1st, 1951 24c. NAME OF CEMETERY OR CREMATORY Coloma 24d. LOCATION (City, town, or county) (State) Tina, Missouri

DATE REC'D BY LOCAL REG. 11/1/51 REGISTRAR'S SIGNATURE 43 Mrs. Herbert Calvert 25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin ADDRESS Tina, Mo.

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



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: *Clifford W. Austin*.....

Licensed Embalmer No. *3233*.....

P. O. Address *Tina, Missouri*.....

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.