

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41065

State File No.

FILED JAN 8 1952

BIRTH NO. REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5306 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Marion Township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marion 0260	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 3miles West of Marion, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3miles West of Marion, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Carbos Dean b. (Middle) Coonce c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec. 29, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 22, 1934	9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School boy	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marion, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Porter Coonce	13b. MOTHER'S MAIDEN NAME Mary Connell	14. NAME OF HUSBAND OR WIFE
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Porter Coonce	ADDRESS Marion, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) 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.		E9299	42

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marion Township Cole Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-29-51 8 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Breaking through ice
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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 **about 3:30 p.m.**, from the causes and on the date stated above.

23. SIGNATURE Horace O. Debo	(Degree or title) Dept. Sheriff Jefferson City Mo.	23c. DATE SIGNED 1-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan, 3, 1952	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Marion, Mo.
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DATE REC'D BY LOCAL REG. Jan. 3	REGISTRAR'S SIGNATURE Mrs. Minnie Nittmann	790	25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher	ADDRESS Jefferson City Mo
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(Licensed Embalmers' Statement on Reverse Side)

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

10. 300
10. 48

260
1

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed _____

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 Victor Bueschus

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.