

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15376

REC'D MAY 5 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>4519</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CABOOL</u>		c. LENGTH OF STAY (In this place) <u>42 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CABOOL</u>		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>JASPER MARION COATS</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 26-1952</u>	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED!</u>		8. DATE OF BIRTH <u>APR. 6, 1869</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOCTOR - M.D.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>WILLIAM COATS</u>			13b. MOTHER'S MAIDEN NAME <u>REBECCA WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>SUSIE COATS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SUSIE COATS CABOOL</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
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?			
22. I hereby certify that I attended the deceased from <u>Apr 20</u> , 19 <u>52</u> , to <u>Apr 26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr 26</u> , 1952, and that death occurred at <u>8:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Gaynell Logan</u>				23b. ADDRESS <u>Cabool, Mo</u>		23c. DATE SIGNED <u>Apr 28 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CABOOL CEMET.</u>		24d. LOCATION (City, town, or county) (State) <u>CABOOL, MO.</u>	
DATE REC'D BY LOCAL REG. <u>45-27-52</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		3250		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Saylor V. Elliott, Cabool</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed James L. Aubrey

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4718

P. O. Address Calood, 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.