

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33882

State File No. ....

S. No. 300 FILED SEP 22 1952  
v. 10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3672 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Marshall Twn.</u>	
c. LENGTH OF STAY (In this place) <u>3 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 North Lyon</u>		e. CITY ADDRESS <u>0970</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Belle</u> c. (Last) <u>Coates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 10-1897</u>
9. AGE (In years) (last birthday) <u>54</u>		10. MONTHS <u>7</u>	11. DAYS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Scott</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Knox</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Allen Coates</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-26-2010</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Woodrow Sperry-Marshall, Mo.</u>		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) <u>coronary occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>advanced nephritis</u> DUE TO (c) <u>diabetes mellitus</u>  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 <u>260x</u>	
20. AUTOPSY? YES <input 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)		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>Sent. 5</u> , 1952, to <u>Sent. 19</u> , 1952, that I last saw the deceased alive on <u>Sent. 13</u> , 1952, and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. C. Macey</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Marshall, Missouri</u>	
23c. DATE SIGNED <u>9-29-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>9/20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hardin - Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leake Sperry</u>	
DATE REC'D BY LOCAL REG. <u>9-19-52</u>		ADDRESS <u>Marshall, Missouri</u>	

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

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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 J Leslie Swanson

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.