

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

540

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

NOV 12 1952

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		c. LENGTH OF STAY (In this place) <u>4yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		0540	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sol West main st.</u>				d. STREET ADDRESS (If rural, give location) <u>501 West Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>C</u>		c. (Last) <u>Coates</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8 1952</u>	
5. SEX <u>Male</u> COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 24-1880</u>		9. AGE (In years) (last birthday) <u>72</u> IF UNDER 1 YEAR (Months) <u>3</u> (Days) <u>14</u> IF UNDER 24 HOURS (Hours) _____ (Min.) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fatmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner.</u>		11. BIRTHPLACE (State or foreign country) <u>Odessa Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Frank Coates</u>		13b. MOTHER'S MAIDEN NAME <u>Adaline Tutts</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Coates.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. L. Coates</u>		ADDRESS <u>Odessa Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u> ANTECEDENT CAUSES <u>with metastases to many</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fatigue</u> 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	
19a. DATE OF OPERATION <u>July 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Prostate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Odessa</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Odessa Lafayette Mo</u>			
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>Jan</u> , 1952, to <u>Nov 8</u> , 1952, that I last saw the deceased alive on <u>Nov 7</u> , 1952, and that death occurred at <u>1:15 P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Martin M.D.</u> (Degree or title)				23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>11-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 9-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lafayette Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-9-52</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u> 453		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blaine Lane</u>		ADDRESS <u>Odessa Mo.</u>	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Horace Blunise.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2758.....

P. O. Address Odessa 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.