

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44362**

BIRTH NO.		REG. DIST. NO. 367	PRIMARY REG. DIST. NO. 6246	Registrar's No. 9
1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Colorado b. COUNTY DENVER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Concord	c. LENGTH OF STAY (in this place) 2 Weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Denver 2850		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Concord		d. STREET ADDRESS (If rural, give location) 861 Grove St.		
3. NAME OF DECEASED (Type or Print) a. (First) Clyde b. (Middle) Clinton c. (Last) Coolidge		4. DATE OF DEATH (Month) (Day) (Year) Oct. 25. 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1884	9. AGE (in years: last birthday) 68 IF UNDER 1 YEAR: Months 0 Days 13 IF UNDER 24 HRS. Hours 13 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Eng.		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Jesse Coolidge		13b. MOTHER'S MAIDEN NAME Eliza Brown		14. NAME OF HUSBAND OR WIFE Alice Coolidge
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. 523-16-4845		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Coolidge ADDRESS Denver, Colo
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart lesion ANTECEDENT CAUSES Morbid 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.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 no physician , 19____, that I last saw the deceased alive on near 10 , and that death occurred at 11 A m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Joseph L. Thurman, M.D.		23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED 10-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10/26/52		24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) DENVER		24e. (State) COLORADO		
DATE REC'D BY LOCAL REG. 10/25/52		REGISTRAR'S SIGNATURE 338-1. Irvin Eichenberger		25. FUNERAL DIRECTOR'S SIGNATURE BOYER FUNERAL HOME LEADWOOD MO ADDRESS

(I know Embelmer's Statement on Reverse Side)

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

1152

JUL 12 1955

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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.