

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10787**

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BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>5846</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmo. Rural. Lincoln Twp</u>		c. LENGTH OF STAY (In this place) <u>1740</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elmo. Rural</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>				3. NAME OF DECEASED a. (First) <u>Della</u> b. (Middle) <u>Rosa</u> c. (Last) <u>Coates</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1953</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>Sept. 17, 1898</u>		9. AGE (In years last birthday) <u>54</u>		Months <u>6</u> Days <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Clarkston Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Peterson</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Lillie</u>	
14. NAME OF HUSBAND OR WIFE <u>Charles B. 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles B. Coates</u> ADDRESS <u>Elmo 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic cancer, from mammary cancer & involving lungs & liver & pleurothorax</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>of acute</u> DUE TO (c) <u>of acute</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Aug. 1952</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		163X	
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>Sept 11, 1951</u> , to <u>April 2, 1953</u> , that I last saw the deceased alive on <u>Mar 28, 1953</u> , and that death occurred at <u>8:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold Ford</u> (Degree or title)		23b. ADDRESS <u>Elmo Mo</u>		23c. DATE SIGNED <u>April 7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 5, '53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmo I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Elmo. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-11-53</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u> 229		25. FUNERAL DIRECTOR'S SIGNATURE <u>L.M. Stevenson</u> ADDRESS <u>College Springs Mo</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 L. M. Stevenson

Licensed Embalmer No. 1727

P. O. Address College Springs, Ia.

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.