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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20657

State File No.

FILED JUN 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>6WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0070</u> OR TOWN <u>Adrian</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>D</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>			b. (Middle) <u>Eklen</u>			c. (Last) <u>Coates</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1953</u>							
5. SEX <input checked="" type="checkbox"/> Female		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 18, 1870</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>		IF UNDER 1 HR. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. hwife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Near Adrian Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. J. Ohler</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Blocher</u>			14. NAME OF HUSBAND OR WIFE <u>William Benjamin Coates</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elta Robey Adrian 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Gestus Schuss</u> ANTECEDENT CAUSES <u>Diabetes</u> 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. <u>gangrene, pulber trocha</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</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)		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>April 30, 1953</u> , to <u>June 1, 1953</u> , that I last saw the deceased alive on <u>June 1, 1953</u> and that death occurred at <u>6:15P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Robinson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Adrian Mo</u>		23c. DATE SIGNED <u>6-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-3-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 3, 53</u>		REGISTRAR'S SIGNATURE <u>Russell Turkey</u> <u>17-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Funeral Service Adrian Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

STATE OF
MISSISSIPPI
DEPARTMENT OF
HEALTH

APR 24 1958
AUG 6 1958

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.....
Student Embalmer

Signed..... *Adrian M...*

Licensed Embalmer No. *3650*

P. O. Address *Adrian M...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.