

## STANDARD CERTIFICATE OF DEATH

State File No. 24323

FILED AUG 10 1953

BIRTH NO. REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5408 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brushyknob, R, McMurtrey		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brushyknob, R, McMurtrey	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0340	

3. NAME OF DECEASED (Type or Print) a. (First) Jerry		b. (Middle) E.		c. (Last) Coats		4. DATE OF DEATH (Month) (Day) (Year) 6-29-53	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 12-10-68		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and State or Foreign Country) Brushyknob, Missouri 0		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME James Coats		13b. MOTHER'S MAIDEN NAME Mary heard		14. NAME OF HUSBAND OR WIFE Eliza Coats	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles Coats, Brushyknob, Mo.	

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) Myocardial Degeneration  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
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 4222		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) m.		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 6-10, 1952, to 6-29, 1952, that I last saw the deceased alive on 6-16, 1952, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. C. E. Haskin 2 D.O.		23b. ADDRESS Ava Mo		23c. DATE SIGNED 7-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-53		24c. NAME OF CEMETERY OR CREMATORY Brushyknob	
				24d. LOCATION (City, town, or county) (State) Brushyknob, Missouri	

DATE REC'D BY LOCAL REG. Aug. 7-53		REGISTRAR'S SIGNATURE Vestal Bushman		25. FUNERAL DIRECTOR'S SIGNATURE Glinkingbeard Funeral Home, Ava, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

340  
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No. 48

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.