

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 - 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>89</u>	
1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>			
b. CITY OR TOWN <u>FAIRFAX</u>		c. LENGTH OF STAY (in this place) <u>4 WKS.</u>		c. CITY OR TOWN <u>BIGELOW</u>		0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRFAX Community</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>MAY</u> c. (Last) <u>COUTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 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>JUNE 16, 1893</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN THE HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William FALLON</u>		13b. MOTHER'S MAIDEN NAME <u>SUBINA HARPER</u>		14. NAME OF HUSBAND OR WIFE <u>BART COUTS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OPAL BUTTRICK</u> ADDRESS <u>Forest City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Common duct structure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 days</u> <u>unknown</u> <u>1 year</u>
19a. DATE OF OPERATION <u>79 51</u>		19b. MAJOR FINDINGS OF OPERATION. <u>Ruptured Gall bladder</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)		4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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>July 1</u> , 19 <u>53</u> , to <u>Nov 21</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Nov 21</u> , 19 <u>53</u> , and that death occurred at <u>1:18</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Isaac F. Sweeney</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>11-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Craig - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 26, 1953</u>		REGISTRAR'S SIGNATURE <u>Harwin J. Schuler</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u> ADDRESS <u>Neosho City, 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James A. Crawford
Licensed Embalmer No. 4796

P. O. Address Mound City, VA

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.