.S. No. 300
EV. 10.48

FILED DEC 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38886

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5539 Registrar's No. 73

0440
1

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

1. PLACE OF DEATH
a. COUNTY: HOLT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FORTESCUE MINTON TWP.
c. LENGTH OF STAY (in this place): 3½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOLT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FORTESCUE MINTON TWP.
d. STREET ADDRESS (If rural, give location): 0440 0

3. NAME OF DECEASED (Type or Print)
a. (First): ZERALDA
b. (Middle): ANN
c. (Last): COATNEY

4. DATE OF DEATH (Month) (Day) (Year): NOV. 26, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Aug. 13, 1870
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: IN THE HOME
11. BIRTHPLACE (City and State or Foreign Country): HOLT COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: P.F. LUNDY
13b. MOTHER'S MAIDEN NAME: MISSOURI CATRON
14. NAME OF HUSBAND OR WIFE: WILLIAM H. COATNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: PEARL COATNEY, FORTESCUE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion two minutes

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.: carcinoma of breast 4201 H

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: July 1946
19b. MAJOR FINDINGS OF OPERATION: Extensive lymph involvement
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1-, 1953, *to* 11-26, 1953 *that I last saw the deceased alive on* 11-23, 1953 *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. E. Hogan MD
23b. ADDRESS: Mound City Mo
23c. DATE SIGNED: 11-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11-29-53
24c. NAME OF CEMETERY OR CREMATORY: CATRON CEMETERY
24d. LOCATION (City, town, or county) (State): HOLT COUNTY, MISSOURI

DATE REC'D BY LOCAL REG.: 11-28-1953
REGISTRAR'S SIGNATURE: James H. Crawford 4.9
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: James H. Crawford, Mound City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 N Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.