

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

16606

State File No.

FILED JUN 15 1954

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 32

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Madison</u>	b. STATE <u>Mo.</u>		c. COUNTY <u>Madison</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>	c. LENGTH OF STAY (in this place) <u>3 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u> <u>0621</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1003 Marlowe St.</u>		d. STREET ADDRESS (If rural, give location) <u>1003 Marlowe St.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Artie</u>	b. (Middle) <u>Iota</u>	c. (Last) <u>Coons</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 23, 1885</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>68</u> <u>7</u> <u>12</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Boggs</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>William C. Coons</u>
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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>Raymond C. Coons, Fredericktown, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyelonephritis</u> DUE TO (c)		
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 <u>6000</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mar 15, 1954 to June 5, 1954, that I last saw the deceased alive on June 5, 1954, and that death occurred at 6:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. W. Delaney D.O.</u>	23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>6/6/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/7/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-7-54</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home, Fred ericktown, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 14 1955

654-33

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 Charles McCarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown, Md

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.