

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

23362

State File No. _____

No. 300
10-48

FILED AUG 2 - 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 355

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) YEARS		e. STREET ADDRESS (If rural, give location) 204 N. MICHIGAN AVE 64450	
d. FULL NAME OF HOSPITAL OR INSTITUTION 204 N. MICHIGAN AVE.			
3. NAME OF DECEASED (Type or Print) a. (First) MELLISSA b. (Middle) KATHRYN c. (Last) WATSON			4. DATE OF DEATH (Month) (Day) (Year) JULY 18, 1954
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 29, 1874
9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 6 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 HOMEMAKING	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN COATS		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE -----
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. _____	17. INFORMANT'S SIGNATURE OR NAME RAY WATSON, 2425 KENTUCKY, JOPLIN
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion due to atherosclerosis generalized		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)	
II. OTHER SIGNIFICANT CONDITIONS		III. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) Hyper pyrexia + Heat stroke	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (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>and not actual</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter H. Brown, Jasper County		23b. ADDRESS Just Drive Selby	23c. DATE SIGNED 7/22/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-22-54	24c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY JOPLIN, MISSOURI	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 7-22-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 13 1955

RECEIVED JUL 31 1955
Jasper County Health Office
County File Number 54-7-63
Date Filed JUL 31 1955

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.....
Signature of Student Embalmer

Signed F. M. Jones
Licensed Embalmer No. 203

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.