

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8536**

FILED APR 12 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> COUNTY <u>Cherokee</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, Missouri</u>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Galena</u> <u>8150</u> <u>8</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>212 1/2 Main Street</u>			
3. NAME OF DECEASED (Type or Print) <u>John W.</u>		a. (First) <u>William Coats</u>		b. (Middle) <u>Coats</u>		c. (Last)	
4. DATE OF DEATH <u>April 8 1955</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 14, 1905</u>		9. AGE (In years, last birthday) <u>49</u>		IF UNDER 1 YEAR Days <u>6</u> Hours <u>5</u> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Smelterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Smelterman</u>		11. BIRTHPLACE (State or foreign country) <u>Galena, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John A. Coats</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
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>509-10-2979</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dave Shaw</u>		ADDRESS <u>1302 Madison</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				<u>5 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Hypertensive Cardiovascular</u>				<u>3 yrs</u>	
		DUE TO (c) <u>please</u>					
		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				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? <u>443 X</u>			
22. I hereby certify that I attended the deceased from <u>June 1952</u> , to <u>April 8, 1955</u> , that I last saw the deceased alive on <u>April 8, 1955</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul H. Gubb M.D.</u>				23b. ADDRESS <u>Galena, Kansas</u>		23c. DATE SIGNED <u>4/9/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/10/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>	
DATE REC'D BY LOCAL REG. <u>4-9-55</u>		REGISTRAR'S SIGNATURE <u>Paul S. James</u> <u>138</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Helton</u> ADDRESS <u>21st Street Galena, Kas.</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 _____

working under my personal supervision.

Student Embalmer No.

Signed Steve Parker

Signed.....
Student Embalmer

Licensed Embalmer No. 2548

P. O. Address Joplin, 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.