

FILED MAY 26 1955

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

14598

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4033 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) none	
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) J.	
		c. (Last) Coffin	
4. DATE OF DEATH (Month) (Day) (Year) 5-16-55			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-26-1869
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 20 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 Homemaker	11. BIRTHPLACE (State or foreign country) Charleston, W. Virginia
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William Lake		13b. MOTHER'S MAIDEN NAME Perthina Smith	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ora Beall, Amoret, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Bacterial Endocarditic</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 Sept 14, 1943 to May 16, 1954 , that I last saw the deceased alive on May 16, 1954 , and that death occurred at 5:05 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. L. Schuster D.O.		23b. ADDRESS Amoret, Missouri	23c. DATE SIGNED 5-16-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-18-55	24c. NAME OF CEMETERY OR CREMATORY Benjamin Cemetery	24d. LOCATION (City, town, or county) (State) Amoret, Missouri
DATE REC'D BY LOCAL REG. 5-18-55	REGISTRAR'S SIGNATURE Rendall Korynto	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archer & Mangold, Amsterdam, 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 _____

Robert L. Mangold
Licensed Embalmer No. 4972

P. O. Address LaCygne, Kansas

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.