

FILED JUL 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21515**

BIRTH NO. _____		REG. DIST. NO. <b>21</b>		PRIMARY REG. DIST. NO. <b>3012</b>		Registrar's No. <b>68</b>	
1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Excelsior Springs</b>		c. LENGTH OF STAY (in this place) <b>26 yrs</b>		c. CITY OR TOWN <b>Excelsior Springs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Excelsior Springs Hospital</b>				STREET ADDRESS (If rural, give location) <b>Fowler Inn 6602</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b>		b. (Middle) <b>B.</b>		c. (Last) <b>COON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 17 1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Oct. 29, 1872</b>	
9. AGE (in years last birthday) <b>82</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Keokuk Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Reuben Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Banks</b>		14. NAME OF HUSBAND OR WIFE <b>Dr. Earl H. Coon</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Hubert Smiley 401 N. Kimball Excelsior Springs Mo</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral arteriosclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) <b>331X</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>No Surgery</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		21b. PLACE OF INJURY (e.g., floor about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>6-15, 1955</b> , to <b>7-17, 1955</b> , that I last saw the deceased alive on <b>7-17, 1955</b> and that death occurred at <b>10 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. Baird</b>				23b. ADDRESS <b>Excelsior Springs</b>		23c. DATE SIGNED <b>7-18-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-19-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7/20/55</b>		REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Claude Richard</b>		ADDRESS <b>Excelsior Springs, Mo.</b>	

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

NOV 19 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *Lindell K. Jasma*

Licensed Embalmer No. *458*

P. O. Address *Exelior Sp...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.