

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41689**
Registrar's No. **580**

BIRTH NO. _____ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450**

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan		c. CITY OR TOWN Doniphan	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) 707 Lafayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION 707 Lafayette			

3. NAME OF DECEASED (Type or Print)	a. (First) EMMA	b. (Middle) ELIZABETH	c. (Last) COONCE	4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 11, 1866	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 11 Days 6	IF UNDER 1 HRS. Hours 4 Min. 45
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Ripley County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James King	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Floyd Coonce ADDRESS Doniphan, Mo.
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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, asthenia, 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) Apoplexy		4 Hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 334X		30 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Chronic Myocardial Degeneration			20 years
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) None	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 **8-11-1955**, to **11-17-1955**, that I last saw the deceased alive on **11-17-1955**, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H.R. Roy, D.O.	23b. ADDRESS Doniphan, Mo.	23c. DATE SIGNED 11-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/19/1955	24c. NAME OF CEMETERY OR CREMATORY Johnston Chapel Cem	24d. LOCATION (City, town, or county) (State) Ripley Co., Mo.
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DATE REC'D BY LOCAL REG. 12-19-55	REGISTRAR'S SIGNATURE Johnston	25. FUNERAL DIRECTOR'S SIGNATURE Edwards ADDRESS Funeral Home Doniphan, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Gene Harvatt*.....

Licensed Embalmer No. *486*.....

P. O. Address *Donipha*.....

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.