

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **957**

BIRTH NO. _____ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5444** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give town or town) Rural Athens Town.		c. CITY - OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
c. LENGTH OF STAY (in this place) 8 years		e. STREET ADDRESS (If rural, give location) E vona (Athenstownship)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural (Evona) Athens Twn			

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) Elsworth c. (Last) Emmons			4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 5, 1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Days 3 IF UNDER 4 HRS. Hours 11 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Downing, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME George Emmons		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Pattie Rigney Emmons	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pattie Emmons Evona, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		ANTECEDENT CAUSES Found dead at Barn			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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) 4201	
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 **Jan 16**, 19**56**, to **Jan 16**, 19**56**, that I last saw the deceased alive on **Jan 16**, 19**56**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Cornelius W. Williams (Degree or title) Co. Gentry, Mo		23b. ADDRESS Gentry, Mo		23c. DATE SIGNED 1-25-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan 20, 56		24c. NAME OF CEMETERY OR CREMATORY Grandview	
		24d. LOCATION (City, town, or county) (State) A lbany, Missouri			

DATE REC'D BY LOCAL REG. Jan 25-56		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald C. Cochell Albany, 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald C. Coakley.....

Licensed Embalmer No. 4868.....

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