

FILED JUL 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20288**

BIRTH NO.		REG. DIST. NO. 132	PRIMARY REG. DIST. NO. 4202	Registrar's No. 107
1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Grundy		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Spickard		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Spickard	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		e. STREET ADDRESS (If rural, give location) 0400		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Clifford	c. (Last) Coon	4. DATE OF DEATH (Month) July (Day) I (Year) 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5 1900	9. AGE (in years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Henry Coon		13b. MOTHER'S MAIDEN NAME Mary Goldsby	14. NAME OF HUSBAND OR WIFE Clora Coon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 494-40-9981	17. INFORMANT'S SIGNATURE OR NAME Clora Coon ADDRESS Spickard 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1012 Hrs Two Months
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) (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 July 1, 1956 , to July 1, 1956 , that I last saw the deceased alive on July 1, 1956 , and that death occurred at 7:00 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE W. H. Clausers M.D.		(Degree or title) M.D.		23b. ADDRESS Trenton Mo.
23c. DATE SIGNED 7-2-56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4 1956	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	24d. LOCATION (City, town, or county) (State) Spickard Mo.
DATE REC'D BY LOCAL REG. 7-5-56		REGISTRAR'S SIGNATURE Gene Fair		25. FUNERAL DIRECTOR'S SIGNATURE Schooler Funeral Home ADDRESS Spickard Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MARK 12 1958

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 Ross Wise

Licensed Embalmer No. 377

P. O. Address Spickard

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.