

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2040

State File No.

FILED JAN 22 1957

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5973 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Goshen</u>		c. CITY OR TOWN <u>Goshen</u>	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) <u>Life</u>		STREET ADDRESS (If rural, give location) <u>Goshen</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>*** *****</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Audie</u> b. (Middle) <u>Ethelyn</u> c. (Last) <u>Coon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-57</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-28-1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lowery Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Emily Melton</u>		14. NAME OF HUSBAND OR WIFE <u>Perry M. Coon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Perry M. Coon</u> ADDRESS <u>Goshen - Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidermoid squamous cell carcinoma of the cervix (primary); with metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>and induration of the cervix; vaginal wall. Surgery and irradiation</u> DUE TO (c) <u>was done primarily 3;1;52</u>			INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Spreading to the abdominal wall; generalized to whole abdominal cavity.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>wall; generalized to whole abdominal cavity.</u>		20. AUTOPSY? <u>2</u> 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 Feb. 14, 1952 to Jan 6, 1957, that I last saw the deceased alive on 1-6-57, 1957, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Princeton Mo</u>		23c. DATE SIGNED <u>1/6/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-8-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Goshen</u>	
24d. LOCATION (City, town, or county) (State) <u>Goshen - Mo.</u>		DATE REC'D BY LOCAL REG. <u>1-17-57</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Martin Funeral Home Princeton - Mo.</u>	

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

MAR 19 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 *James L. Gruber*

Licensed Embalmer No. *396*

P. O. Address *Linnville*

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.