

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1957

State File No. 5445

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5692 Registrar's No. 17

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| 1. PLACE OF DEATH a. COUNTY Linn | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural, Parson Creek) c. LENGTH OF STAY (In this place) 58 yrs. | | c. CITY OR TOWN Meadville 0580 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION S.E. of Meadville | | e. STREET ADDRESS (If rural, give location) S.E. of Meadville | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Rouzie c. (Last) Coates | | | 4. DATE OF DEATH (Month) 2 (Day) 17 (Year) 57 | | |
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| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH 1/12/1899 | | 9. AGE (In years last birthday) 58 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | |
|-------------|--|------------------------|--|--|--|----------------------------|--|------------------------------------|--|-----------------------------|--|-----------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Linn County Missouri | | | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
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|-------------------------------------|--|--|---|--|--|---|--|--|
| 13a. FATHER'S NAME Edward R. Coates | | | 13b. MOTHER'S MAIDEN NAME Fannie Carmichael | | | 14. NAME OF HUSBAND OR WIFE Beatrice Coates | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Virginia Carrier Meadville | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | Morbidity 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. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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|---|--|--|--|----------------------------|--|
| 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 Sept 1956, to Feb 17, 1957, that I last saw the deceased alive on Feb 17, 1957, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

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|--|--|----------------------------|--|--------------------------|--|
| 23a. SIGNATURE (Degree or title) <i>W. L. Bryan D.D.</i> | | 23b. ADDRESS Wheeling, Mo. | | 23c. DATE SIGNED 2-18-57 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2/19/57 | | 24c. NAME OF CEMETERY OR CREMATORY Meadville Cemetery | | 24d. LOCATION (City, town, or county) (State) Meadville, Missouri | |
|--|--|-------------------|--|---|--|---|--|

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|----------------------------------|--|--|--|--|--|------------------------|--|
| DATE REC'D BY LOCAL REG. 2-19-57 | | REGISTRAR'S SIGNATURE <i>Katharine Johnson</i> | | FUNERAL DIRECTOR'S SIGNATURE <i>Harmon E. Mellon</i> | | ADDRESS Meadville, Mo. | |
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(Licensed Embalmer's Statement on Reverse Side)

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

167
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MAR 18 1957

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 *Marion E. Million*

Licensed Embalmer No. *395*

P. O. Address *Medville*

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