

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28150**

FILED AUG 20 1957

No. 300
10.48

0540

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

BIRTH NO. _____		REG. DIST. NO. 139		PRIMARY REG. DIST. NO. 5541		Registrar's No. 56	
1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) —a.—STATE Missouri —b.—COUNTY Holt			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Twp.		c. LENGTH OF STAY (in this place) Few Min		c. CITY OR TOWN Mound City		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 1 Mi. N. of Craig in Car				e. STREET ADDRESS (If rural, give location) 0440			
3. NAME OF DECEASED (Type or Print) a. (First) ESTHER			b. (Middle) IRENE			c. (Last) COIN	
4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1957							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 25, 1910	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In the home		11. BIRTHPLACE (City and State or Foreign Country) Napier, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Noland		13b. MOTHER'S MAIDEN NAME Grace Noland		14. NAME OF HUSBAND OR WIFE Edmund Coin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Edmund Coin, Mound City, Missouri ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pleural Effusion DUE TO (c) Sclera Sclerema. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7100				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 8-11 , 19 57 , to 8-11 , 19 57 that I last saw the deceased alive on 8-11 , 19 57 , and that death occurred at 7:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Thos W. Kinney (Degree or title) M.D.				23b. ADDRESS Mound City, Mo.		23c. DATE SIGNED 8-12-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial		24b. DATE 8-14-57		24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
DATE REC'D BY LOCAL REG. 8-12-57		REGISTRAR'S SIGNATURE James H. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford ADDRESS Mound City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

69

AUG 30 1951

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 H. Crawford*
Licensed Embalmer No. *479*

P. O. Address *Mound C*

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.