

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

**58-035921**  
STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 91

5. 300  
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salem, Missouri</b>		c. CITY OR TOWN <b>Winona Missouri</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Knox Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>10/0 R.R. 1 Winona &amp; Fmence</b>	
3. NAME OF DECEASED (Type or print) <b>Charley</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>19,</b> Year <b>1958</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 12, 1887</b>	
9. AGE (In years last birthday) <b>71</b>		10. F UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Douglas County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James B. Coonts</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah C. Bass</b>	
14. NAME OF HUSBAND OR WIFE <b>Anna Coonts</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Anna Coonts of Winana</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Senility</b> DUE TO (c) <b>4200</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:30</b> Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>10/19/58</u> to <u>10/19/58</u> and last saw him alive on <u>10/19/58</u> Death occurred at <u>6:30PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Alice J. Crossley M.D.</b> (Degree or title)		22b. ADDRESS <b>Salem, Mo.</b>	
22c. DATE SIGNED <b>10/21/58</b>		23. NAME OF CEMETERY OR CREMATORY <b>Houston, Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23d. LOCATION (City, town, or county) (State) <b>Houston, Missouri</b>	
23b. DATE <b>10-22-58</b>		24. FUNERAL DIRECTOR ADDRESS <b>Spencer Funeral Home</b>	
25. DATE RECD. BY LOCAL REG. <b>10/21/58</b>		26. REGISTRAR'S SIGNATURE <b>M. M. West, M.D. L.R.M.</b>	

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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 *Carl H. Johnson* .....

Licensed Embalmer No. *29370* .....  
P. O. Address *Salmon, WA* .....

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.