

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036993

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 177

Primary Registration District No. 4276

Registrar's No. 143

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pierce City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Pierce City</b> 0550		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Park Road</b>		Length of stay in lb <b>12yrs</b>	d. STREET ADDRESS (If outside, give location) <b>Park Road</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>(none)</b> Last <b>Coatney</b>			4. DATE OF DEATH Month <b>10</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>6/24/1858</b>	9. AGE (In years last birthday) <b>100</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during the preceding life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Barry County, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Coatney</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Myrtle Coatney</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) (If yes, give year or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs Myrtle Coatney</b>		Address <b>Pierce City, Mo</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>Myocardial Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Infection of Kidneys</b> DUE TO (c) <b>Tuberculosis</b>	
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <b>Pierce City</b>		COUNTY <b>Mo</b>		STATE <b>Mo</b>	
21. I attended the deceased from <b>May 6/50</b> to <b>10-19-58</b> and last saw him alive on <b>10-19-58</b> Death occurred at <b>1200 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Charles A. Moore D.O., 2</b>		(Degree or title)		22b. ADDRESS <b>Pierce City Mo</b>	
22c. DATE SIGNED <b>10-20-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10/21/1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant</b>		23d. LOCATION (City, town, or county) <b>Barr county Mo</b>		(State)	
24. FUNERAL DIRECTOR <b>W m. J Wessell Pierce city, Mo</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-22-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs C. N. Cook</b>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**BARRY COUNTY HEALTH UNIT**  
CASSVILLE, MO,

NO. 1058-212

DATE REC. 10-30-58

**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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed B. Gordon Bennett.....

Licensed Embalmer No. 4213.....

P. O. Address Bennett, Mo.....

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.