

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038796

STATE FILE NUMBER

FILED DEC 4 1958 Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Salt River Twsp</b>		c. CITY OR TOWN <b>Mexico</b> 0040	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home RFD 2 Mexico, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>R. F. D. 2</b>	
3. NAME OF DECEASED (Type or print) <b>Clifford Cecil Herbert Coon</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>26</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>Feb. 8, 1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dispatcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road</b>	11. BIRTHPLACE (City and state or country) <b>Lima, Ohio</b>
13a. FATHER'S NAME <b>Nelson Coon</b>		13b. MOTHER'S MAIDEN NAME <b>Melvina Ravenscraft</b>	14. NAME OF HUSBAND OR WIFE <b>Wilhelmina Coon</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If last date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>707-07-6586</b>	17. INFORMANT Address <b>Mrs. Wilhelmina Coon Mexico, 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>Coronary occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b> <b>10 yrs.</b> <b>20 yrs.</b>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>ITEM 3 CORRECTED</b>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		BY AFFIDAVIT OF <b>Funeral Director</b> <b>1-7-59 del</b>	
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		COUNTY STATE	
21. I attended the deceased from <b>Never</b> , to _____, and last saw her/him alive on _____ Death occurred at <b>5 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William H. Jacynczak, Coroner</b>		22b. ADDRESS <b>112 N. Clark Mexico Mo</b>	
22c. DATE SIGNED <b>11/28/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-29-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Arnold Funeral Home Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 28, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>

All diseases in Part I must be causally related to the cause of death. No symptoms will be listed.

WILLIAM H. JACYNCZAK, Coroner  
USE ONLY BLACK INK OR RED INK TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 29 1958

DEC 31 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 *Leo H. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Melrose*

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.