ealth,
Welfare
ublic
ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008956
STATE FILE NUMBER

FILED MAR 18 1959 Registration District No. 105 Primary Registration District No. 4177 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Clarkton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City — Length of stay in 1b: 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Clarkton — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): City — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: DEED Middle: LUTHER Last: McCOIN

4. DATE OF DEATH: Month: Mar. Day: 4, Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 13, 1875

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Tennessee

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Tom McCoin

13b. MOTHER'S MAIDEN NAME: Mary Akers

14. NAME OF HUSBAND OR WIFE: Lillie McCoin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Lillie McCoin, Clarkton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — 20 yrs.
DUE TO (c): Hypertension
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 426.1

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1-1-47, to 3-4-59 and last saw ~~him~~ alive on 2-15-59
Death occurred at 11 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. G. Hopkins MD

22b. ADDRESS: Ripley, MO

22c. DATE SIGNED: 3-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar. 8, 1959

23c. NAME OF CEMETERY OR CREMATORY: Stanfield Cemetery

23d. LOCATION (City, town, or county) (State): Clarkton, Mo. Rtc.1

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo

25. DATE RECD. BY LOCAL REG.: 3-10-1959

26. REGISTRAR'S SIGNATURE: J. L. Schumann

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

APR 30 1955

COUNTY FILE NUMBER 254.70

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 Christine M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.