

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036800

FILED VS NOV 10 1959

181

Registration District No. 181 Primary Registration District No. 4274

Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lincoln		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union (Township)		Length of stay in lb 3 wks	c. CITY OR TOWN Troy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Beck Nursing Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1011 Cap-au-Gris St	
3. NAME OF DECEASED (Type or print) First Nathan Middle Coose Last Coose			4. DATE OF DEATH Month October Day 18 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 12, 1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 8 Days 6 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Silex MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Isaac Coose			13b. MOTHER'S MAIDEN NAME Augusta Koster		14. NAME OF HUSBAND OR WIFE Elizabeth Coose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Elizabeth Coose Troy MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Neurovascular DUE TO (b) hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year 	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 Oct 7-1959 to October 18, 1959 last saw her alive on Oct. 17-1959 Death occurred at Silex Mo 9A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. M. Penn. M.D.			22b. ADDRESS Silex Mo.		22c. DATE SIGNED Oct 19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Troy City Cemetery		23d. LOCATION (City, town, or county) (State) Troy MO.	
24. FUNERAL DIRECTOR ADDRESS D. O. McCoy Troy Mo.			25. DATE RECD. BY LOCAL REG. 10/20/1959	26. REGISTRAR'S SIGNATURE Mrs. Clarence Kientzy	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 D. W. McCoy
Licensed Embalmer No. 3586

P. O. Address Troy, 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.