

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005681

FILED VS. MAR. 9 1960 098

Registration District No. _____ Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Gallatin</u>		Length of stay in 1b <u>20 Yrs.</u>		c. CITY OR TOWN <u>Gallatin</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cox Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>---</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>William</u> Last <u>Coats</u>				4. DATE OF DEATH Month <u>February</u> Day <u>29</u> Year <u>1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-17-1868</u>		9. AGE (last birthday) <u>91</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Labor</u>		11. BIRTHPLACE (City and state or country) <u>Unknown- Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>William Coats</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Cass</u>				14. NAME OF HUSBAND OR WIFE <u>Emma Coats (Dec'd)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Chester Coats, Gallatin, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac asthma + Edema of lungs</u>										INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>			
DUE TO (b) <u>Cardiac enlargement + Bronchitis</u>										<u>3 yrs.</u>			
DUE TO (c) <u>gall stones, & cholecystitis</u>										<u>5 yrs.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>fracture of left hip 2 weeks ago</u>										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.) <u>Fell in bed room on rug.</u>									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year <u>Feb 4/60</u>											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>his home</u>			20f. CITY, TOWN, OR LOCATION <u>Gallatin</u>			COUNTY <u>Daviess</u> STATE <u>Mo</u>				
21. I attended the deceased from <u>June 1955</u> to <u>Feb 29/60</u> and last saw her/him alive on <u>Feb 29 - 1960</u> Death occurred at <u>6:25 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>H. Bailey</u>						22b. ADDRESS <u>Gallatin Mo.</u>			22c. DATE SIGNED <u>3-4-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>3-2-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Caldwell Co. Mo.</u>					
24. FUNERAL DIRECTOR ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>3-7-60</u>			26. REGISTRAR'S SIGNATURE <u>Vernon W. Englehart</u>					

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. O. Richardson

Licensed Embalmer No. 3302

P. O. Address Gallatin,

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.