

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015024

FILED VS. MAY 9 1960 137

Primary Registration District No. 3023 Registrar's No. 125

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE Mo. b. COUNTY Henry St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in 1b	c. CITY OR TOWN, Brownington
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD. # 2, 1,

3. NAME OF DECEASED (Type or print) First Dale Middle Silas Last Coones			4. DATE OF DEATH Month APRIL Day 30 Year 1960	
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 1-10-1897	9. AGE (last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Berry Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Davis Fry Coones	13b. MOTHER'S MAIDEN NAME Gillie Ann Doby	14. NAME OF HUSBAND OR WIFE Lela Jane Coones	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-01-7492	17. INFORMANT Mrs. Dale Silas Coones, Brownington
---	---	---

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 MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH 11 HR.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
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 Clinton, Mo.	COUNTY Henry	STATE Mo.
21. I attended the deceased from APRIL 30, 1960 to APRIL 30 '60 and last saw ^{her} him alive on APRIL 30, 1960 Death occurred at 11:50A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Hugh B. Walker, MD	22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 30 Apr. 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-2-1960	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery
23d. LOCATION (City, town, or county) Kansas City, Kansas		(State)

24. FUNERAL DIRECTOR H. H. Kansas	ADDRESS Clinton, Mo.	25. DATE RECD. BY LOCAL REG. May 1, 1960	26. REGISTRAR'S SIGNATURE Waldred Bigum
---	--------------------------------	--	---

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

Student _____
Signature of Student Embalmer

Signed W. A. Tausant

Licensed Embalmer No. 3779

P. O. Address Blinton

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.