	ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH						<del>-60-018878</del>		
у ; I —	S MAY 1 7 198 Registration District No.	District No. 101 Primary Registration District No. 4175 Registrar's No. 22 STATE F					FILE NUMBER		
	PLACE OF DEATH     COUNTY	Doug	<del></del> las		2. USUAL RESIDEN				
_	b. CITY (If outside of OR	corporate limits, give TOW		Length of stay in 1b	c. CITY			Inside	Limi1
		Ava		12yrs	OR TOWN	Ava		Yes ₽	No
	c. FULL NAME OF (I	If NOT in hospital, give lo	xation)	Inside Limits	d. STREET ADDRESS		cutside, give location	on) Reside	n Fa
l _	INSTITUTION			Yes   No				Yes 🗆	No
-	3. NAME OF DECEASE (Type or print)	D First		Middle	Last	4. DATE OF	Month	•	í ear
	(1) po o p)	Wil.	liam Z	Coats		DEATH	May 10,	1960	
•	5. ŞEX	6. COLOR OR RACE	7. Married [ Widowed	☐ Never Married ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	8. DATE OF BIRTH	1	oirthday)   IF UNDER	Days Hours	ER 2
_	M <sub>o</sub> le	White		<u> </u>	1-9-74	<u> 86</u>			
1		N (Give kind of work don king life, even if retired)		BUSINESS OR INDUSTR	1		1	ZEN OF WHAT CO	UN!
l _	Ret:	ired Farmer		farm		las Cou		USA	
'	3a. FATHER'S NAME		136. M	OTHER'S MAIDEN NAM	16		AME OF HUSBAND	OR WIFE	
I _	Jerry Coa	ats	Mar	tha Fugit	t	brr	<u>ie Coats</u>		
		ER IN U.S. ARMED FORCE If yes, give war or dates (		OCIAL SECURITY NO.	17. INFORMANT		Address		
I _`	No	,, , , , , , , , , , , , , , , , , , ,		one	Carl Coa	ts. Ava	Missou	ri	
							<i></i>		
	18. CAUSE OF DEAT	IM (Enter only one cause p	er line for (a), (b),		- /		•	INTERVAL B	ETW DE
	PART (	I. DEATH WAS CAUSED IMMEDIATE CAUSE	per line for (a), (b), BY: (a) Accele		& thro	ulon	laroui	INTERVAL B ONSET AND	ETM DE
	Condition which above stating	I. DEATH WAS CAUSED I	per line for (a), (b), BY:  (a) Acade  (b) Alaffa		& thro	ubon Ter con	loroni	INTERVAL BONSEY AND	ETW DE
NOIT	Condition which above stating lying	I. DEATH WAS CAUSED INMEDIATE CAUSE  tions, if any, gave rise to cause (a), the under-	(a) Conditions co	eterno externo art Fac	e Hero Luce	ubon ter con	PART III. If de	lay	DE
ICATION	Condition which above stating lying	I. DEATH WAS CAUSED INMEDIATE CAUSE  Itions, if any, gave rise to cause (a), the under- cause last.  DUE TO	(a) Conditions co	eterno externo art Fac	e Hero Luce	ubon ter con	PART III. If de	ONSE AND	DE PO
CERTIFICATION	Condition which above stating lying	I. DEATH WAS CAUSED INMEDIATE CAUSE  Itions, if any, gave rise to cause (a), the under- cause last.  DUE TO	conditions country part I (a)	elections  extensions  extensi	e Hero Luce	Tak conc	PART III. If de there i	ONSE AND	DE Pales
됳	Condition which wh	I. DEATH WAS CAUSED I IMMEDIATE CAUSE I IMMEDIATE CAUSE I IMMEDIATE CAUSE (a), at the undercause last. DUE TO DUE DUE TO	conditions country part I (a)	elections  extensions  extensi	Level  The but not related to	Tak conc	PART III. If de there i	ONSE AND	DE.
	Conditivation of the conditivation of the conditivation of the condition o	I. DEATH WAS CAUSED I IMMEDIATE CAUSE IT I IMMEDIATE CAUSE IT I I I I I I I I I I I I I I I I I I	conditions coin in PART I (a)	and (c).  Coreles  A Tourney  ONTRIBUTING TO DEAT  20b. DESCRIBE HO	Level H but not related to	the terminal	PART III. If de there i	Ceased was fer a pregnency in last	DE.
됳	Condition which wh	I. DEATH WAS CAUSED IMMEDIATE CAUSE IMMEDIATE CAUSE (a), a the undercause last. DUE TO disease condition give Month, Day, Year Month, Day, Year Manner Cause (a), a condition give 20a. ACCIDENT SUICE (a) Month, Day, Year Month, Day, Year Manner Cause (a), a condition give 20a. ACCIDENT SUICE (a) Month, Day, Year Month, Day, Year Manner Cause (a)	conditions coin in PART I (a)	end (c).  Careles  Pareles  A Tarres  A Tarres	Level  The but not related to	the terminal	PART III. If de there i	Ceased was fer a pregnency in last	DE.
됳	Condition which was a simple which was a simple which which which which was a simple which which was a simple which which which was	I. DEATH WAS CAUSED I IMMEDIATE CAUSE I IMMEDIATE CAUSE I IMMEDIATE CAUSE (a), the undercause last. DUE TO USE I IMMEDIATE CAUSE I IMMEDIATE CONTINUE I IMMEDIATE CONTINUE I IMMEDIATE CONTINUE I IMMEDIATE CAUSE	cer line for (a), (b), BY:  (a) Conditions Compared Homicide  CE OF INJURY (e.g.	20b. DESCRIBE HO	Level  H but not related to  W INJURY OCCURRED  201. CITY, TOWN, OR	the terminal  (Enter nature of	PART III. If de there is injury in PART I or COUNT	Ceased was fer a pregnency in last PART II of item 1	DE Dale 1900 Uni 8.)
됳	Conditivation which above stating lying PART I	I. DEATH WAS CAUSED I IMMEDIATE CAUSE IT IMMEDIATE CAUSE IT IMMEDIATE CAUSE (a), I the undercause last. DUE TO IT IMMEDIATE SIGNIFICANT disease condition give I I I I I I I I I I I I I I I I I I I	cer line for (a), (b), BY:  (a) Conditions Compared Homicide  CE OF INJURY (e.g.	20b. DESCRIBE HO	Level  Level  H but not related to  W INJURY OCCURRED  20f. CITY, TOWN, OR  de date stated above, a	the terminal  (Enter nature of	PART III. If de there is injury in PART I or COUNT	Ceased was fer a pregnency in last PART II of item 1	DE.
됳	Conditivation which which above stating lying PART I	I. DEATH WAS CAUSED I IMMEDIATE CAUSE IMMEDIATE CAUSE IT IN IMMEDIATE CAUSE (a), a the undercause last. DUE TO Cause (a), the undercause last. DUE TO III. OTHER SIGNIFICANT disease condition give III. OTHER SIGNIFICANT SUICE III. OTHER SIGNIFICANT III. III. III. III. III. III. III. II	cer line for (a), (b), BY:  (a) Conditions Compared Homicide  CE OF INJURY (e.g.	20b. DESCRIBE HO	Level  H but not related to  W INJURY OCCURRED  201. CITY, TOWN, OR	the terminal  (Enter nature of	PART III. If de there is injury in PART I or COUNT	Ceased was fer a pregnency in last PART II of item 1	United States
, MEDICAL	Conditivation which shove stating lying PART 1  19. WAS AUTOPSY PERFORMED? YES NO COUNTINUTY A.m. p.m.  20d. INJURY OCCURINUTY A.m. NOT WHILE AT WOR NOT WHILE AT 1  21. I attended the d Death occurred	I. DEATH WAS CAUSED IMMEDIATE CAUSE  IMMEDIATE CAUSE  Immediate to cause (a), the undercause last.  DUE TO	cer line for (a), (b), BY:  (a) Constitution (c) CONDITIONS COmin PART I (a)  CE OF INJURY (e.g., factory, street, or constitution (c), factory, s	20b. DESCRIBE HO	W INJURY OCCURRED  20f. CITY, TOWN, OR  4 date stated above, a	the terminal  (Enter nature of last saw her him all and to the best of the last of the las	PART III. If de there is injury in PART I or COUNT	ONSE AND  Lac  ceased was fer a pregnency in las  PART II of item 1  The course state  Company in the causes state  Company in the cause state  Company in the	DE. DE. PO
, MEDIGAL	Conditivation which above stating lying PART I  19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF HOLD INJURY a.m. 20d. INJURY OCCURI WHILE AT WOR NOT WHILE AT WOR NOT WHILE AT 21. I attended the d Death occurred 22a, SIGNATORE  21. I attended the d Death occurred REMOVAL (Specify) BUIT 1a1	I. DEATH WAS CAUSED IMMEDIATE CAUSE IMMEDIATE CAUSE (a), the undercause last.  DUE TO Cause (a), the undercause last.  DUE TO DU	cer line for (a), (b), BY:  (a) Conditions Compared to the com	20b. DESCRIBE HO	W INJURY OCCURRED  20f. CITY, TOWN, OR  20f. ADDRESS  MATORY  2	the terminal  (Enter nature of last saw her aim to the best of last saw her aim to the last saw her ai	PART III. If de there is injury in PART I or COUNT ive on May from knowledge, from Missou	ONSE AND  Ceased was fer a pregnency in last pre	DE. DE. PO
, MEDIGAL	Conditivation which above stating lying PART I  19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF HOLE AT WORK WHILE AT WORK NOT WHILE AT THE WALL THE WALK NOT WHILE AT THE WALK NOT WALK NOT WHITE WALK NOT WALK NOT WHILE AT THE WALK NOT WAL	I. DEATH WAS CAUSED IMMEDIATE CAUSE IMMEDIATE CAUSE (a), the undercause last.  DUE TO Cause (a), the undercause last.  DUE TO DU	cer line for (a), (b), BY:  (a) Constitution (c) CONDITIONS COmin PART I (a)  CE OF INJURY (e.g., factory, street, or constitution (c), factory, s	20b. DESCRIBE HO  20b. DESCRIB	W INJURY OCCURRED  20f. CITY, TOWN, OR  4 date stated above, a	the terminal  (Enter nature of last saw her aim to the best of last saw her aim to the last saw her ai	PART III. If de there is injury in PART I or COUNT ive on May from knowledge, from Missou	ONSE AND  Ceased was fer a pregnency in last pre	Un 8.)

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaimed by

P. O. Address

or by		, Student Embalmer No	
	er my personal supervision.	Signed harles R. Fish	li.
Student	Signature of Student Embalmer		
• • •	·	Licensed Embalmer No.	<u>, d</u>

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.