

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034538

FILED VS. OCT 3 1960

137

Primary Registration District No. 3823

Registrar's No. 235

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Bates</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		Length of stay in lb <b>About 3 Hrs</b>		c. CITY OR TOWN <b>Adrian</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wetzel Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>N.W. Adrian, Deer Creek Twp.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <b>Bert Ernest Coates</b>				4. DATE OF DEATH Month Day Year <b>Sept. 27 1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-7-87</b>	9. AGE (last birthday) <b>72</b>	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) <b>Ret. Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Bates County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William Benjamin Coates</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Ellen Ohler</b>			14. NAME OF HUSBAND OR WIFE <b>Lulu Eldora Coates</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-42-7241</b>		17. INFORMANT Address <b>Mrs. Lulu Coates, Adrian, Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinomatosis</b> DUE TO (c) <b>1° Carcinoma of Prostate</b>							INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs.</b> <b>3 mo.</b> <b>1 1/2 yrs.</b>		
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 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 _____, to _____, and last saw <sup>him</sup> alive on <b>day of death</b> . Death occurred at <b>2:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Carroll R. Wetzel, D.O.</b> (Degree or title)				22b. ADDRESS				22c. DATE SIGNED <b>9-29-60</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-27-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crescent Hill Cem. Adrian, Mo.</b>			23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <b>Six Funeral Service, Adrian, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>Sept. 30, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>			

DOCUMENT

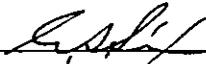
MEDICAL CERTIFICATION

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_ 

Licensed Embalmer No. 3650

P. O. Address Adrian, Mo.

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