

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-011890

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 871

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED APR 10 1961

1. PLACE OF DEATH
 a. COUNTY ST LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORMANDY Length of stay in 1b 36 HRs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY ST LOUIS
 c. CITY OR TOWN MCKELVEY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) MCKELVEY RD Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL LINCOLN COLES 4. DATE OF DEATH Month Day Year 3 29 61

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-14-1864 9. AGE (last birthday) 96 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MARBLE CUTTER 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 11. BIRTHPLACE (City and state or country) ELMIRA, N.Y. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE EMMA COLES (DEAD)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 17. INFORMANT Address HARVEY S. COLES MCKELVEY RD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Massive myocardial infarction
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery occlusion
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 3-13-61 to 3-29-61 and last saw him alive on 3-28-61
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred A. Coates, D.O. 22b. ADDRESS 9553 Jackson Rd 22c. DATE SIGNED 3-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 3-31-61 23c. NAME OF CEMETERY OR CREMATORY FEE FEE CEMETERY BRIDGETON MO 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS EARTHILLMAN OVERLAND MO 25. DATE RECD. BY LOCAL REG. 3-30-61 26. REGISTRAR'S SIGNATURE [Signature]

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 Carl A. Hillman

Licensed Embalmer No. 3501

P. O. Address Orland 149

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.