

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-028313

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 106

AMENDED

FILED AUG 25 1961

1. PLACE OF DEATH
 a. COUNTY Bates
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler Length of stay in lb 5 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bates Co. Memorial Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Cass
 c. CITY OR TOWN Creighton Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2 1/2 miles S.W. Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Viola Jane Coke 8 19 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/16/1884 9. AGE (last birthday) 76
 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Creighton, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Thomas 13b. MOTHER'S MAIDEN NAME Cottonham 14. NAME OF HUSBAND OR WIFE William Walter Coke

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. none 17. INFORMANT Address Mr. Walter Coke - Passiac, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Ischemic Coronary Occlusion
 (b) Coronary Hypertension
 (c) Intercerebral Hemorrhage
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 N. 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 Aug 28, 1961 to Aug 19, 1961 and last saw her alive on Aug 19, 1961
 Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Kueh Jr. M.D. 22b. ADDRESS State Bk. Bldg. Butler, Mo. 22c. DATE SIGNED Aug 23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8/22/1961 23c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery 23d. LOCATION (City, town, or county) (State) Dayton Missouri

24. FUNERAL DIRECTOR ADDRESS Atkinson - Hickory Garden City, Mo. Aug. 22-1961 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Randall Korum

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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

Student _____
Signature of Student Embalmer

Signed *Riley J. Hickory*

Licensed Embalmer No. 4685

P. O. Address Harden City, Mo.

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.