MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-036736

STATE FILE NUMBER

PARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 108

AMENDED

FILED NOV 6 1961

1. PLACE OF DEATH
a. COUNTY Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton — Length of stay in 1b: 12 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Iron
c. CITY OR TOWN Arcadia — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 2 Mi. S of Arcadia — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First WILMA Middle RUTH Last COAD

4. DATE OF DEATH: Month October Day 27 Year 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 28Nov1915
9. AGE (last birthday): 45 — IF UNDER 1 YEAR: Months 10 Days 29 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Arcadia, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William T. Pratt
13b. MOTHER'S MAIDEN NAME: Ruth Boswell
14. NAME OF HUSBAND OR WIFE: Byron Coad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Byron Coad Address: Arcadia, 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) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: few min.
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): Hysterectomy and appendectomy done 10-18-61
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 10-15-61, to 10-27-61 and last saw her/him alive on 10-27-61
Death occurred at 7:30 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. E. Harland M'D.
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 10-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Mem. Park
23d. LOCATION (City, town, or county): Ironton (State): Mo.

24. FUNERAL DIRECTOR: White Funeral Home Aurel J. White — ADDRESS: Ironton, Mo.
25. DATE RECD. BY LOCAL REG.: 10-31-61
26. REGISTRAR'S SIGNATURE: Mrs Avis Jones

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

MEDICAL CERTIFICATION

THIS RECORD ARE AS FOLLOWS

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 Ancil J. White

Licensed Embalmer No. 3012

P. O. Address Ironton, Missouri

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.