SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-037373
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 495

FILED OCT 31 1961

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 8 Mo's
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 805 McKinley Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First PAUL Middle PAYTON Last COONS
4. DATE OF DEATH: Month October Day 19, Year 1961
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-22-1893
9. AGE (last birthday): 67
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): Retired- Stereotyper
10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Post Disp.
11. BIRTHPLACE (City and state or country): Columbia, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Coons
13b. MOTHER'S MAIDEN NAME: Elizabeth ---------
14. NAME OF HUSBAND OR WIFE: Flora Coons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT: Address: Mrs. Flora Coons, 805 McKinley Ave., Joplin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Colon & generalized — INTERVAL BETWEEN ONSET AND DEATH: 15 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastasis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis generalized - (mild)
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 7-8-60, to 10-19-61 and last saw ~~her~~ him alive on 10-18-61
Death occurred at 8 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): [illegible]
22b. ADDRESS: 2175 Jackson Ave Joplin
22c. DATE SIGNED: 10-19-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-19-61
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hills Cemetery,
23d. LOCATION (City, town, or county) (State): Overland, Missouri
24. FUNERAL DIRECTOR: STEVE PARKER MORTUARY, ADDRESS: JOPLIN, MISSOURI
25. DATE RECD. BY LOCAL REG.: 10-23-1961
26. REGISTRAR'S SIGNATURE: Dorce Merriam

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1961

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 Harvey E Arnie

Licensed Embalmer No. 4463

P. O. Address Joplin 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.