

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045630
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. ~~381~~ 381 Primary Registration District No. 6180 Registrar's No. 89

VS 300
Rev. 4/59

1 10 50
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED DEC 3 1962

1. PLACE OF DEATH
a. COUNTY **Sullivan**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Sullivan**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Winigan** Length of stay in 1b **6 Years**

c. CITY OR TOWN **Winigan** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **His Own Home** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Charles Leonard Coram**

4. DATE OF DEATH Month Day Year **November 23, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **2-20-1888** 9. AGE (last birthday) **74** IF UNDER 1 YEAR Months **9** Days **3** IF UNDER 24 HR Hours **3** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming (Retired)** 10b. KIND OF BUSINESS OR INDUSTRY **Own Farm** 11. BIRTHPLACE (City and state or country) **New Boston, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Winford H. Coram** 13b. MOTHER'S MAIDEN NAME **Evaline M. Hill** 14. NAME OF HUSBAND OR WIFE **Mrs. Sarah Coram**

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 **Mrs. Sarah Coram, Winigan, 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) **acute myocardial infarction**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **coronary thrombosis**
DUE TO (c) **arteriosclerosis**
INTERVAL BETWEEN ONSET AND DEATH **30 min**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **hypertension**

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 Month, Day, Year a.m. p.m.

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 **11-23-62** to **11-23-62** and last saw him alive on **11-23-62**
Death occurred at **9:30 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **B. A. Unelness D.O.** 22b. ADDRESS **Bucklin Mo** 22c. DATE SIGNED **11-23-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Nov. 25, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Price Cemetery** 23d. LOCATION (City, town, or county) (State) **Winigan, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Larson Funeral Service, Bucklin, Mo.** 25. DATE RECD. BY LOCAL REG. **Nov. 24, 1962** 26. REGISTRAR'S SIGNATURE **Mrs. M. W. Beckett**

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 Larry D. Vobornik, Student Embalmer No. 669 working under my personal supervision.

Student Larry D. Vobornik
Signature of Student Embalmer

Signed C. A. Larson

Licensed Embalmer No. 4037
P. O. Address Bucklin, 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.