MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 0009925 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

MRF FILED 18 64

VS 300 Rev. 4/59

1 Place of Death: a. County Clay

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs — Length of stay in 1b year

c. CITY OR TOWN Excelsior Springs — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 East Excelsior St — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 214 East Excelsior — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Henry Middle Clay Last Coons

4. DATE OF DEATH Month March Day 4, Year 1964

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/6/81

9. AGE (last birthday) 82

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) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and state or country) Unknown

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Mason Coons

13b. MOTHER'S MAIDEN NAME Sidney Jane Taylor

14. NAME OF HUSBAND OR WIFE Stella Coons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of se[redacted]17

16. SOCIAL SECURITY NO.

17. INFORMANT Address Raymond Stockton, Orrick, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per l[illegible]) PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	arterio sclerotic heart disease	sev. yrs
DUE TO (c)	arteriosclerosis, severe	years

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 Dec 5, 1961, to March 4, 1964 and last saw her/him alive on dead on March 4, 1964

Death occurred 12 to 15 hrs prior to 3:30 p.m. found on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S.R. McCracken M.D.

22b. ADDRESS Excelsior Springs Mo.

22c. DATE SIGNED 3-13-64

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3/7/64

23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery

23d. LOCATION (City, town, or county) (State) Orrick, Missouri

24. FUNERAL DIRECTOR ADDRESS Gowing Funeral Home, Orrick, Mo.

25. DATE RECD. BY LOCAL REG. 3-4-1964

26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	6 m 1		
2	6 m 1		
3			
4	0		
5	1		
6			
7	9		
8	0		
9	4/201		
10			
11			
12	90-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 3-2-64 CK

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 Murray Wilson

Licensed Embalmer No. 4989

P. O. Address K.C. 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.