

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33324**

FILED OCT 17 1950

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **2023** Registrar's No. **38**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY (If outside corporate limits, write RURAL and give township) Deepwater	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 043rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hosp.			

3. NAME OF DECEASED (Type or Print)		a. (First) Clara		b. (Middle) F.		c. (Last) Coones		4. DATE OF DEATH (Month) (Day) (Year) 10-9-50	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan 29 - 1874		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 8 Days 10 IF UNDER 24 HRS. 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 Own home			11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME N. B. Johnston		13b. MOTHER'S MAIDEN NAME Wealthy Nealand		13c. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Merritt Coones ADDRESS Deepwater Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Emboli		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Concussions of long duration DUE TO (c) from breast			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-7**, 19**50**, to **10-9**, 19**50**, that I last saw the deceased alive on **10-9**, 19**50**, and that death occurred at **5:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gus Wetzel		23b. ADDRESS 500 Clinton Mo		23c. DATE SIGNED 10-9-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 11 - 50		24c. NAME OF CEMETERY OR CREMATOR Deepwater Cem		24d. LOCATION (City, town, or county) (State) Deepwater, Mo	
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DATE REC'D BY LOCAL REG. Oct-11-1950		REGISTRAR'S SIGNATURE Florence Adair		422 25. FUNERAL DIRECTOR'S SIGNATURE Tom Street ADDRESS Deepwater Mo	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-16-50

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 10-16-50

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

Student Embalmer

Signed *Tom Hurst*

Licensed Embalmer No. *2782*

P. O. Address *Deepwater 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 this body is not embalmed, fact should be so stated above.