

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1094**

FILED FEB 15 1954 REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4216** Registrar's No. **308**

| | | | | | | | | | |
|---|--|--|---|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Henry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Henry | | | | | |
| b. CITY OR TOWN Calhoun | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Calhoun | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION His own Home | | | | e. STREET ADDRESS (If rural, give location) 0420 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Allen c. (Last) Coe. | | | 4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1954 | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. | | 8. DATE OF BIRTH May 7 1869 | | | |
| 9. AGE (In years last birthday) 84 | | IF UNDER 1 YEAR: Months 8 Days 27 | | IF UNDER 48 HRS. Hours Min. | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery merchant | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) Iowa | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13a. FATHER'S NAME Geo. Coe | | 13b. MOTHER'S MAIDEN NAME Unknown. | | 14. NAME OF HUSBAND OR WIFE Betty Coe | | |
| 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. <input checked="" type="checkbox"/> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS x Mrs. N. G. Taylor Calhoun | | | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis | | | | 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) hypertension | | | | | |
| | | | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 443X | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (Min.) | | 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 2-1-1954 to 2-3-1954 , that I last saw the deceased alive on 2-3-1954 , and that death occurred at 7:08 p.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Arnold M.D. (Degree or title) | | | | 23b. ADDRESS Windsor | | | | 23c. DATE SIGNED 2-4-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb 6, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery | | 24d. LOCATION (City, town, or county) (State) Calhoun Mo | | | |
| DATE REC'D BY LOCAL REG. Feb-6-54 | | REGISTRAR'S SIGNATURE Florence Adair | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. A. Housley Calhoun, Mo | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 *J. A. Housley*.....
Licensed Embalmer No. *330*.....

P. O. Address *Calhoun*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.