

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001144

FILED VS FEB 14 1961

Registration District No. 27 Primary Registration District No. 424 Registrar's No. 345

STATE FILE NUMBER

AMENDED

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Henry</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Deepwater</b>		Length of stay in 1b <b>8 yrs</b>		c. CITY OR TOWN <b>Deepwater</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>in Deepwater</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>in Deepwater</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Edgar</b> Last <b>Coker</b>				4. DATE OF DEATH Month <b>Feb</b> Day <b>4</b> Year <b>1961</b>									
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12-17-1874</b>		9. AGE (last birthday) <b>86</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal Miner</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Agency, Mo</b>				11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Joseph Coker</b>				13b. MOTHER'S MAIDEN NAME <b>Elizabeth McDowell</b>				14. NAME OF HUSBAND OR WIFE <b>Anna Coker</b>					
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.		17. INFORMANT <b>Anna Coker</b> Address <b>Deepwater, Mo</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>inanition</b> DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>2 mo</b>			
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. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Jan 5-61</b> to <b>Feb 4, 61</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>Feb 1-61</b> Death occurred at <b>8:00</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>H J Powell DO</b> (Degree or title)						22b. ADDRESS <b>Clinton Mo</b>			22c. DATE SIGNED <b>2/8/61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-6-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Montrose cemetery</b>			23d. LOCATION (City, town, or county) <b>Montrose, Mo</b> (State)						
24. FUNERAL DIRECTOR <b>Sickman &amp; Dunning F H</b> ADDRESS <b>Clinton, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>Feb 8 - 1961</b>		26. REGISTRAR'S SIGNATURE <b>Mary Briggs (Dep.)</b>							

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.