

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001293
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37 Primary Registration District No. 4218 Registrar's No. 33

DO NOT WRITE ON THIS STUB	AMENDED				
VS 300 Rev. 4/59	DATE AMENDED				
10421					
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED FEB 4 1963	
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, give TOWNSHIP only) OR TOWN Windsor	Length of stay in 1b 31 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital	d. STREET ADDRESS (If outside, give location) 306 E. Benton St.,
3. NAME OF DECEASED (Type or print) First FRANK Middle D. Last COIT	4. DATE OF DEATH Month January Day 24 Year 1963
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/>	8. DATE OF BIRTH 5-27-196
9. AGE (last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
11. BIRTHPLACE (City and state or country) Golden City, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Clarence Coit	13b. MOTHER'S MAIDEN NAME Virginia Lee Hancock
14. NAME OF HUSBAND OR WIFE Ina Hudson	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I
16. SOCIAL SECURITY NO. WW 1	17. INFORMANT Mrs. Ina Coit, Windsor, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Circulatory Collapse	INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinomatosis
DUE TO (c) Hypernephroma	7 mos.
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"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 Windsor, Mo.
21. I attended the deceased from June, 1962 to Jan. 24, '63 and last saw her/him alive on 1-24-63 Death occurred at 10.00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>William J. Smith</i> M.D.	22b. ADDRESS 103 W. Colt St. Windsor, Mo.
22c. DATE SIGNED 1-26-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-27, 1963
23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) (State) Windsor, Mo.
24. FUNERAL DIRECTOR Ellis M. Huston, Windsor, Missouri	25. DATE RECD. BY LOCAL REG. JAN. 29-1963
	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

USE BLACK INK OR TYPEWRITER RIBBON

FEB 5 1963

FEB 19 1963

MAR 8 1963

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

Ellis Hunter

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.