

S. No. 2
DM-2-43
v. 5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17884

State File No. _____

FILED JUN 9 1945
Registration District No. 273

Primary Registration District No. 4442

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Higbee
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Talton D. Coates

3. (b) If veteran, name war _____ ✓

3. (c) Social Security No. _____ ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st year 1945 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from October 15, 1944, to April 21, 1945; that I last saw him alive on April 21, 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Corrennah Coates 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April (Month) 15th (Day) 1855 (Year)

Immediate cause of death: Cerebral hemorrhage

Due to arteriosclerosis

Due to hypertension

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 90 Months _____ Days 20 If less than one day hr. _____ min. _____

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

Major findings: _____
Of operations: _____
Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name John T. Coates

13. Birthplace Va (City, town, or county) _____ (State or foreign country)

14. Maiden name Amanda Smith

15. Birthplace Ky (City, town, or county) _____ (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mrs. T. D. Coates

(b) Address Higbee, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Malbran and Son

(b) Address Moberly, Mo

19. (a) May 23 1945 (Date received local registrar) (b) Miss D. A. Barnhart (Registrar's signature)

While at work? _____ (Specify type of place)

23. Signature V. F. Robinson (M. D. or other) P. O

Address Higbee, Mo Date signed 4-24-45

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

008

RECEIVED

District Health Officer No. 10

District File-Number 6-45-928

Date Filed JUN 7 1945

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.