

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23906
Registrar's No. 572A

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1619 West Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield, Missouri 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 1619 West Elm (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah E. Coats
3. (b) If veteran, name war nil 3. (c) Social Security No. Nil

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 25th day June
year 1949 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1945
_____, 19____ to June 1947, 19____;
that I last saw him in alive on April, 1947
and that death occurred on the date and hour stated above.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James D. Coats 6. (c) Age of husband or wife if deceased years
7. June Birth date of deceased August 24 1848
(Month) (Day) (Year)

Immediate cause of death General senility 297
(no particular organ - but a failure fall)
Due to General arteriosclerosis 975

8. AGE: Years 98 Months 10 Days 11 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Greene County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business Home Keeper

12. Name James K. K. Argoworth

13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susannah Kelly

15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Edwards

(b) Address 1619 West Elm Springfield, Mo

17. (a) Burial (b) Date thereof June 27-1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Gene A. Parin
(b) Address Walnut St. Mo.

19. (a) June 20 1949 (b) W. E. Handley MD
(Date received local registrar) (Registrar's signature)

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury OV
23. Signature Gene A. Parin (M. D. or other) 4/26/49
Address Springfield, Mo Date signed _____

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

MOTHER FATHER

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.....

..... *Ray Mitter*, Registered Apprentice No. *459*
working under my personal supervision.

Signed *Lue A. Brown*

Licensed Embalmer No. *2668*

P. O. Address *Walnut Grove, 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.