

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22805**

BIRTH NO. _____ **REG. DIST. NO.** 59 **PRIMARY REG. DIST. NO.** 4093 **Registrar's No.** 105

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Lynne</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Lynne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓ 1</u>		d. STREET ADDRESS (If rural, give location) <u>6th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>H.</u> c. (Last) <u>COON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9/24/1898</u>
9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Logan, Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lewis Vincent Coon</u>		13b. MOTHER'S MAIDEN NAME <u>Isabel Fry</u>	14. NAME OF HUSBAND OR WIFE <u>Bertie M. Coon</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>322-05-1608</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bertie M. Coon</u> ADDRESS <u>East Lynne Mo</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Prostate Gland</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>6-4-1949</u>, to <u>6-5-1949</u>, that I last saw the deceased alive on <u>6-5-1949</u>, and that death occurred at <u>7:30 P.M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>Edward S. Jones MD</u>		23b. ADDRESS <u>Harrisonville Mo</u>	
23c. DATE SIGNED <u>7-19-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 19-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 19, 1949</u>		REGISTRAR'S SIGNATURE <u>Diana J. Jones</u> ADDRESS <u>51</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. O. Hartley</u> ADDRESS <u>East Lynne Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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AUG 25 1949

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
Student Embalmer

Signed T. O. Hartzler

Licensed Embalmer No. 2717

P. O. Address East Avenue M

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.