

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7413

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi 1101</u>	
c. LENGTH OF STAY (In this place) <u>4 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>CLARENCE</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>COE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 5 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>MARCH 2, 1874</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months <u>—</u> Days <u>3</u> IF UNDER 1 HR.: Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Horton Kansas</u>	
13a. FATHER'S NAME <u>JAMES COE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY HAGENDEFFER</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Coe</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-18-1633</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Coe</u> ADDRESS <u>Potosi, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				<u>4201</u>
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> DUE TO (c) <u>and asthma</u>				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11/27, 1948</u> to <u>3/5, 1950</u> , that I last saw the deceased alive on <u>3/4, 1950</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. H. Russell, M.D.</u>			23b. ADDRESS <u>Potosi, Mo</u>		23c. DATE SIGNED <u>3/5/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Baptist</u>		24d. LOCATION (City, town, or county) (State) <u>Belgrade, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/5/50</u>		REGISTRAR'S SIGNATURE <u>Hubert Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer Funeral Home</u> ADDRESS <u>Potosi, Mo.</u>	

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

1101

MAR 10 1950

123 - 200 000

RECEIVED

MAR 7 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-324

**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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.