

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13026

State File No. _____
Registrar's No. 81

496

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

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction, Mo.</u>	c. LENGTH OF STAY (In this place) <u>72 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>112 Miller St.</u>		d. STREET ADDRESS (If rural, give location) <u>112 Miller St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>R.</u> c. (Last) <u>Coons</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 4, 1951</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>2-3-1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Gov't.</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>78</u> <u>3</u> <u>1</u>
11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Coons</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Beckwith</u>	14. NAME OF HUSBAND OR WIFE <u>Carl (Smith) Coons</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Corra Coons (wife) Carl Junction, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterial Sclerosis</u> <u>5 yrs</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>5/4</u> , 19 <u>51</u> , to <u>5-4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-4</u> , 19 <u>51</u> , and that death occurred at <u>5:15</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. L. Alberty, M.D.</u> (Degree or title)		23b. ADDRESS <u>Carl Junction, Mo.</u>	23c. DATE SIGNED <u>May 4, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-6-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 5/51</u>	REGISTRAR'S SIGNATURE <u>D. L. Alberty</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Don Roney Carl Junction, Mo.</u>	

RECEIVED 5-10-51

Jasper County Health Office

County File Number 5711/385

Date Filed 5-11-51

JUN 12 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Clayton W. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *Webb City, 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.