

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

152773

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie	
c. LENGTH OF STAY (In this place) 2 Wk.		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Henry	c. (Last) Coats	4. DATE OF DEATH (Month) (Day) (Year) April 17, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 21, 1865	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Month	IF UNDER 1 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) minister (ret.)	10b. KIND OF BUSINESS OR INDUSTRY minister	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Coats	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Oden Coats ADDRESS Broseley, Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right side cardiac decompensation		2 wks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Serility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death. Fall approximately 2 wks previous		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION H343F	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-2, 1951, to 4-17, 1951, that I last saw the deceased alive on 4-16, 1951, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE James D. Cameron, D.O.	(Degree or title)	23b. ADDRESS 149 N. Walnut Dexter, Mo.	23c. DATE SIGNED 4-18-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-18-51	24c. NAME OF CEMETERY OR CREMATORY Bernie cemetery	24d. LOCATION (City, town, or county) (State) Bernie, Mo.
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DATE REC'D BY LOCAL REG. 4-20-51	REGISTRAR'S SIGNATURE Walter V. Jackson	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1031
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RECEIVED

APR 24 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 *Raymond L. Ruffie*

Licensed Embalmer No. *4798*

P. O. Address *Dexter, 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.