

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15571

State File No.

FILED JUN 1 1951

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5114</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Bellinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural 00900</u>		d. STREET ADDRESS (If rural, give location) <u>Near Galma</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Galma</u>				d. STREET ADDRESS (If rural, give location) <u>Near Galma</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HETTIE</u> b. (Middle) <u>LEORA</u> c. (Last) <u>COATS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 15 1875</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR <u>1923</u>	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTH PLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>J. Coffey</u>		13b. MOTHER'S M.A.D.E.N NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>W. H. Coats</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>820</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>W. H. Coats, Galma, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>					
		DUE TO (c)					
		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>nil</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) m.		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>1940</u> , to <u>May 8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>May 7</u> , 19 <u>51</u> , and that death occurred at <u>9:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. C. Masters</u>				23b. ADDRESS <u>Do.</u>		23c. DATE SIGNED <u>May 25, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 10 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bush Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Near Galma, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 28, 1951</u>		REGISTRAR'S SIGNATURE <u>William C. Embury</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan</u>		ADDRESS <u>Advance Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 31 1951.

DISTRICT HEALTH OFFICE No. 6

File 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 _____

William H Morgan

working under my personal supervision.

Student embalmer No.

Signed *William H Morgan*

Signed
Student Embalmer

Licensed Embalmer No. *4640*

P. O. Address *A. Swaine, W.*

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.