

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19371

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City, Lamar</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Golden City</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Barton Co. Memorial</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Loren</u>	b. (Middle) <u>Lester</u>	c. (Last) <u>COINER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 11, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 9, 1887</u>	9. AGE (In years last birthday) <u>64</u>	# UNDER 1 YEAR Months <u>2</u>	# UNDER 1 YEAR Days <u>2</u>	# UNDER 1 MIN. Hours <u></u>	# UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Produce & Feed</u>	11. BIRTHPLACE (State or foreign country) <u>Woodsdale, Kan.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>D.D. Coiner</u>	13b. MOTHER'S MAIDEN NAME <u>Jamima Vermillion</u>	14. NAME OF HUSBAND OR WIFE <u>Violet Coiner,</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>-2</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Violet Coiner, Golden City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> <u>1 wk.</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>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 6/10, 1951, to 6/11, 1951, that I last saw the deceased alive on 6/11, 1951, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John T. Bickel M.D.</u> (Degree or title)	23b. ADDRESS <u>Lamar, Mo.</u>	23c. DATE SIGNED <u>6/12/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 18 1951</u>	REGISTRAR'S SIGNATURE <u>Marie Korantz</u> (Licensed Embalmer)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phillips Funeral Home, Golden City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1061
0

1060
0

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 18 1951
Dist. File 65-1-135-20
Date Filed 6-18-51

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 H. G. Rugh

Licensed Embalmer No. 3278

P. O. Address Golden 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.