

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1952

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

BIRTH NO.		REG. DIST. NO. <u>167</u>	PRIMARY REG. DIST. NO. <u>5696</u>	Registrar's No. <u>18</u>
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jacksonburg, L.S.P.</u>		c. LENGTH OF STAY (In this place) <u>L.S.P.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jacksonburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles North Lock Springs</u>			d. STREET ADDRESS (If rural, give location) <u>3 miles North Lock Springs</u>	
3. NAME OF DECEASED (Type or Print) <u>LENA</u>		a. (First) <u>LENA</u>	b. (Middle) <u>MARIE</u>	c. (Last) <u>COEN</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>1 26 52</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-6-1889</u>		9. AGE (In years last birthday) Months Days <u>62 1 20</u>
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		11. BIRTHPLACE (State or foreign country) <u>Jamesport Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Richard Coberly</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Mackery</u>
14. NAME OF HUSBAND OR WIFE <u>Antoine Coen</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 <u>Mrs Ruth Brown</u>		17. ADDRESS <u>Jamesport</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>Coronary thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> ANTECEDENT CAUSES <u>Antenselemin</u> DUE TO (b) <u>Antenselemin</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 10 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>4201</u>
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?
22. I hereby certify that I attended the deceased from <u>June 1</u> , 1951, to <u>Jan 26</u> , 1952, that I last saw the deceased alive on <u>Jan 15</u> , 1952, and that death occurred at <u>7:30 A.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>J.B. Bailey</u>		23b. ADDRESS <u>Jamesport Mo</u>		23c. DATE SIGNED <u>1 26 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 29 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>
24d. LOCATION (City, town, or county) (State) <u>Jamesport Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		25. ADDRESS <u>Funeral Home Jamesport</u>
DATE REC'D BY LOCAL REG. <u>1-28-52</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		171-0

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

Robert N. Maharg

Signed.....

Student Embalmer

Licensed Embalmer No. 4348

P. O. Address. Jamesport 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.