

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15377

State File No. ....

FILED APR 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6200 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>Rural Morris</u> )		c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Morris Twp</u>		OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>Clementine</u> c. (Last) <u>Coorts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>May 30, 1865</u>		9. AGE (In years last birthday) <u>86</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>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Bass</u>		13b. MOTHER'S MAIDEN NAME <u>Meneria Mason</u>		14. NAME OF HUSBAND OR WIFE <u>James Coorts</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Bass</u> ADDRESS <u>Joplin Mo.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<u>Myocarditis, Chronic</u>				<u>7 mos from</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>Hypertension, arteriosclerosis, N/A</u>
		DUE TO (b) _____				
		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		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) (m.)		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 Jaw, 1950, to 4-8-, 1952, that I last saw the deceased alive on 4-8-, 1952, and that death occurred at 7:47 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Mountain Grove Mo</u>		23c. DATE SIGNED <u>10 April 52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark</u>	24d. LOCATION (City, town, or county) (State) <u>Texas Co Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-19-52</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u> 325-CP		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rayford V. Elliott</u> ADDRESS <u>Cabool Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Gaylord V. Elliott*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *22572*

P. O. Address *Cabool*

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.