

## STANDARD CERTIFICATE OF DEATH

State File No. 15749

11 JUN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CALLAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FULTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FULTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CALLAWAY HOSP.</b>		d. STREET ADDRESS (If rural, give location) <b>801 COURT ST</b>	
3. NAME OF DECEASED (Type or Print) <b>NETTIE</b>		a. (First) <b>NETTIE</b>	b. (Middle) _____
c. (Last) <b>COONS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 6, 1952</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>1867 ?</b>
9. AGE (In years last birthday) <b>85 ?</b>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>LIBRARIAN</b>	11. BIRTHPLACE (State or foreign country) <b>CALLAWAY COUNTY, MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Joseph W. Coons</b>	
13b. MOTHER'S MAIDEN NAME <b>ANNIE DUNEZIN</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Blue Marjorie</b>		ADDRESS <b>Fulton Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral accident. Embolus</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Myocarditis</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <b>4222</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>May 29, 1952</b> to <b>June 6, 1952</b> that I last saw the deceased alive on <b>June 6, 1952</b> , and that death occurred at <b>8:52 a.m.</b> from the causes and on the date stated above.	
23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Fulton Mo</b>	
23c. DATE SIGNED <b>6-7-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>JUNE 7/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HILLREST</b>	
24d. LOCATION (City, town, or county) (State): <b>FULTON MO.</b>		DATE REC'D BY LOCAL REG. <b>June 7-1952</b>	
REGISTRAR'S SIGNATURE <b>[Signature]</b>		25 FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	
ADDRESS <b>426</b>		ADDRESS <b>Marjorie Funeral Home Fulton</b>	

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

AUG 20 1957

**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

*W. Ross*

Licensed Embalmer No.

*2585*

P. O. Address

*Huttons 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.