

FILED JAN 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44410
5814

393

REG. DIST. NO. PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City North</i>	c. LENGTH OF STAY (in this place) <i>2 months</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kearney 0240</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mills Convalescent Home 5234 Minger Road</i>		d. STREET ADDRESS (If rural, give location) <i>1 X</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Nannic</i> b. (Middle) <i>Rice</i> c. (Last) <i>Coates</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 28 1952</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Dec. 17-1866</i>	9. AGE (In years last birthday) <i>86</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Kansas City, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Joseph E. Evans</i>	13b. MOTHER'S MAIDEN NAME <i>Sarah Rice</i>	14. NAME OF HUSBAND OR WIFE <i>William H.</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Earl Coates - Kearney, Mo.</i>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>6 hr</i> <i>2 yr</i> <i>4201</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary sclerosis</i> DUE TO (c) <i>Peripheral arterio sclerosis</i>		
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 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) (Min.)	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 *Sept 10, 1950*, to *28 Dec*, 1952, that I last saw the deceased alive on *15 Dec*, 1952, and that death occurred at *6 A. M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>L. M. Waterman MD</i> (Degree or title)	23b. ADDRESS <i>Schoel, Mo.</i>	23c. DATE SIGNED <i>30 Dec 52</i>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <i>Burial #4</i>	24b. DATE <i>Dec 30-1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Fairview Cemetery - Kearney</i>	24d. LOCATION (City, town, or county) (State) <i>Kearney, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>12-31-52</i>	REGISTRAR'S SIGNATURE <i>Seraldine Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Leonard Fry</i>	ADDRESS <i>Kearney Mo</i>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leonard Fry.....

Licensed Embalmer No. 1622.....

P. O. Address Kearney 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.