

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9221**

BIRTH NO. _____ REG. DIST. NO. **166** PRIMARY REG. DIST. NO. **4254** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Knob Noster		c. CITY (If outside corporate limits, write RURAL and give township) Knob Noster	
c. LENGTH OF STAY (In this place) 60 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) Cleveland c. (Last) Coats			4. DATE OF DEATH (Month) (Day) (Year) March 9, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1888	9. AGE (In years last birthday) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Farmer & Laborer
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Hughesville, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Samuel Coats	13b. MOTHER'S MAIDEN NAME Rachel Crawford	14. NAME OF HUSBAND OR WIFE Allie May Coats
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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) No	16. SOCIAL SECURITY NO. 489-30-1962	17. INFORMANT'S SIGNATURE OR NAME Mrs. Allie Coats, Knob Noster, Missouri	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. 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 March 9, 1954	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) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Knob Noster Johnson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from **Mar 8, 1954**, to **Mar 9, 1954** that I last saw the deceased alive on **Mar 9, 1954**, and that death occurred at **7:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. W. Groves M.D.	23b. ADDRESS Knob Noster, Mo	23c. DATE SIGNED Mar 12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 11, 1954	24c. NAME OF CEMETERY OR CREMATORY La Monte Cemetery	24d. LOCATION (City, town, or county) (State) La Monte, Missouri
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DATE REC'D BY LOCAL REG. Mar 12-54	REGISTRAR'S SIGNATURE Thomas L. Beatty	25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker, Knob Noster, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 15 1954

JOHNSON COUNTY HEALTH DEPT.

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. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Master, 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.