

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15421

State File No.

BIRTH (IND) MAY 28 1954 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MALDEN KENNETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MALDEN</u>	
c. LENGTH OF STAY (in this place) <u>1 Week</u>		d. STREET ADDRESS (If rural, give location) <u>602 North MARION</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRESNELL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>=====</u> c. (Last) <u>COONS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 23 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>2-23-1863</u>		9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>			

13a. FATHER'S NAME <u>WILLIAMS COONS</u>		13b. MOTHER'S MAIDEN NAME <u>SYRILDA FOSTER</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. AMON RAY KENNETT, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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 <u>4-201</u>				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 5-16, 1954, to 5-23, 1954, that I last saw the deceased alive on 5-23, 1954, and that death occurred at 11:45A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. P. Wilson M.D.</u>		23b. ADDRESS <u>KENNETT, MO.</u>		23c. DATE SIGNED <u>5-25-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MALDEN, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>5-26-54</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DAY FUNERAL HOME? MALDEN, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-27-54

COUNTY FILE NUMBER 554-16

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 J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.