

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **36465**

FILED NOV 30 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **5069** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Lamar Twsp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Lamar Twsp.</b> <b>006.0</b>	
c. LENGTH OF STAY (in this place) <b>14 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Lamar RFD #2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FANNIE</b> b. (Middle) <b>ELIZABETH</b> c. (Last) <b>COATS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 21 1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct 9 1863</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Days <b>1</b> IF UNDER 24 HRS. Hours <b>12</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>	11. BIRTHPLACE (State or foreign country) <b>Centerville, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>Jesse Elam Murray</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Skinner</b>	14. NAME OF HUSBAND OR WIFE <b>Samuel D. Coats</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>----</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest E. Coats, Lamar, Missouri, RFD #2</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>14 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Disease (Valvular)</b>		
	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. <b>Severe Bowel Hemorrhag</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4214</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 1940, to 11-21-1954, that I last saw the deceased alive on 11-21-1954, and that death occurred at 10:00p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. Knott M.D.</b>	23b. ADDRESS <b>Jasper, Mo.</b>	23c. DATE SIGNED <b>11-22-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov 24 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ralston Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Grove, Oklahoma</b>

DATE REC'D BY LOCAL REG. <b>NOV 23 1954</b>	REGISTRAR'S SIGNATURE <b>Marie Konantz</b>	14-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Konantz Funeral Home, Lamar, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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 \_\_\_\_\_

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.