

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32529**BIRTH NO. _____ REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4107** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs		c. CITY OR TOWN El Dorado Springs	
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 200 S. Jackson	
3. NAME OF DECEASED (Type or Print) a. (First) Ras b. (Middle) Martin c. (Last) Coatsney		4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 10, 1891
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Marshall, Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Robert Coatsney	
13b. MOTHER'S MAIDEN NAME Annie Melton		14. NAME OF HUSBAND OR WIFE Ida Coatsney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World War I		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Coatsney ADDRESS El Dorado Springs, Mo.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 345X 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 checked="" 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) (Minute)		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 10-13 , 19 55 , to 10-13 , 19 55 , that I last saw the deceased alive on 10-13 , 19 55 , and that death occurred at 3:20 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert L. Magee M.D.		23b. ADDRESS El Dorado Springs, Mo.	
23c. DATE SIGNED 10-14-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-14-55	
24c. NAME OF CEMETERY OR CREMATORY Harrison Ark.		24d. LOCATION (City, town, or county) (State) Harrison, Arkansas	
DATE REC'D BY LOCAL REG. 10-14-55		REGISTRAR'S SIGNATURE George W. Magee	
25. FUNERAL DIRECTOR'S SIGNATURE Winn-Carolyn		ADDRESS El Dorado Springs, Mo.	

(License of Embalmer's Statement on Reverse Side)

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

300
48

NOV. 8 1955

NOV 11 1955

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.....
Signature of Student Embalmer:

Signed *Floyd E. Carothers*

Licensed Embalmer No. *441*

P. O. Address *Elmwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.