

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009380
State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Rural-Springcreek Tsp</u>		c. CITY OR TOWN <u>Salem</u>	
c. LENGTH OF STAY (in this place) <u>6 mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2, Salem, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>S. McArthur Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>AUGUSTA</u> c. (Last) <u>COINER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 8 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 1, 1880</u>
9. AGE (In years last birthday) Months Days <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Witt, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Silas A. Coiner</u>	
13b. MOTHER'S MAIDEN NAME <u>Flora F. Maxey</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Gibbs</u>		ADDRESS <u>Bx 242 Valley Park Mo.</u>	
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) <u>Cerebral Vascular Accident</u> 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. <u>2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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) <u>Salem, Mo.</u>	
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 <u>2-23-55</u> , 19 <u>55</u> , to <u>3-8-58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3-1-58</u> , 19 <u>58</u> , and that death occurred at <u>4:30 AM.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Ray Mitchell M.D.</u>		23b. ADDRESS <u>Salem, Mo.</u>	
23c. DATE SIGNED <u>3-10-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Mar 10 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Salem Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter L. Wray</u>	
DATE REC'D BY LOCAL REG. <u>3/10/58</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by P. M. Hart</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Salem, Mo.</u>			

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

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 *Max L. Wapfel*.....

Licensed Embalmer No...4170...

P. O. Address...Salem, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.