

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017224
State File No.

FILED JUN 5 1958
BIRTH NO.

REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 118

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 7 days	c. CITY OR TOWN Wellsville ⁰⁷⁰⁰ / ₀
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 402 E. Water			

3. NAME OF DECEASED (Type or Print)	a. (First) OTIS	b. (Middle) LLOYD	c. (Last) COON	4. DATE OF DEATH (Month) (Day) (Year) 5 30 58
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 25, 1888	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 11 Days 5 IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Salem, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John H. Coon	13b. MOTHER'S MAIDEN NAME Mary Ambern	14. NAME OF HUSBAND OR WIFE Julia R. Pace Coon
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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. 494-38-0930	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joseph Overstreet, Vandalia, Mo	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL DECOMP.		INTERVAL BETWEEN ONSET AND DEATH 1 wk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERISCLEROSIS		YEARS
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RT HEMIPLEGIA		1 YR

19a. DATE OF OPERATION 5-27-58	19b. MAJOR FINDINGS OF OPERATION GANGRENOUS LEFT LEG	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4501
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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?
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22. I hereby certify that I attended the deceased from ~~1957~~, 1957, to **May 30, 1958**, that I last saw the deceased alive on **May 30, 1958**, and that death occurred at **1 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Leonard Davis Jr MD	(Degree or title) MD	23b. ADDRESS MEXICO MO	23c. DATE SIGNED 5-30-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 1, 1958	24c. NAME OF CEMETERY OR CREMATORY Wellsville City	24d. LOCATION (City, town, or county) (State) Wellsville, Missouri
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DATE REC'D BY LOCAL REG. May 30 1958	REGISTRAR'S SIGNATURE Blanche Reedy	25. FUNERAL DIRECTOR'S SIGNATURE A B Heller	ADDRESS Wellsville, Mo.
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JUN 7 1961

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 *Howard F. Myers*.....

Licensed Embalmer No. *449*.....

P. O. Address *Wellsville*.....

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.