

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033278

STATE FILE NUMBER

FILED SEP 26 1958

Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Sarsapic Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Sarsapic Inside Limits 0490 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb Hospice Life		d. STREET ADDRESS (If outside, give location) Reside on Farm Mo Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last George Burton Coates			4. DATE OF DEATH Month Day Year Sept 11 58
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-3-1871
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Sarsapic Majors Co.	
11. BIRTHPLACE (City and state or country) Sarsapic Mo		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME J.C. Coates		14. MOTHER'S MAIDEN NAME Amanda Oliver	
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. none	
17. INFORMANT J.C. Coates		Address Sarsapic Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure Coronary thrombosis with myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Anterior division 4201			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 10-25-56 to 9-11-58 and last saw her alive on 9-10-57 Death occurred at 5:40 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.C. Coates		22b. ADDRESS Sarsapic Mo	
		22c. DATE SIGNED 9-12-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9-14-58	
23c. NAME OF CEMETERY OR CREMATORY Harvey Cem		23d. LOCATION (City, town, or county) La Russell Mo (State)	
24. FUNERAL DIRECTOR Jackson & Sons Sarsapic Mo		25. DATE RECD. BY LOCAL REG. 9-17-58	
		26. REGISTRAR'S SIGNATURE E.H. Clifton	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Wm H Jackson*
Licensed Embalmer No. *39*
P. O. Address *Swansea*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.