

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b> <i>10 43 0</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>609 Maple St.</b>		d. STREET ADDRESS (If outside, give location) <b>609 Maple</b>	

3. NAME OF DECEASED (Type or print) <b>Emma Coonce</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>23</b> Year <b>1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 21, 1880</b>	9. AGE (In years last birthday) <b>79</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	11. UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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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>At Home</b>	11. BIRTHPLACE (City and state or country) <b>New Bloomfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Josiah Burkett</b>	13b. MOTHER'S MAIDEN NAME <b>Anna E. Powell</b>	14. NAME OF HUSBAND OR WIFE <b>James R. Coonce</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>496-18-1515</b>	17. INFORMANT <b>Mrs. Mildred Elson Mexico, Mo.</b>	Address <b>415 Hanley</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <b>Dumped to death</b>		INTERVAL BETWEEN ONSET AND DEATH <b>uncharted</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____		
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"/>
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20a. ACCIDENT <input checked="" 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.) <b>House burned down</b>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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.) <b>Mexico</b>	20f. CITY, TOWN, OR LOCATION <b>Audrain</b>	COUNTY <b>Mo</b>	STATE <b>Mo</b>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7:46 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>William H. Golly M.D. Coroner</b>	22b. ADDRESS <b>112N Club Merit Dr</b>	22c. DATE SIGNED <b>2/24/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-26-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park Mexico, Missouri</b>	23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
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24. FUNERAL DIRECTOR <b>Arnold Funeral Home Mexico, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Feb. 25-1959</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

William H. Golly M.D. Coroner

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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 *Ray Miller* .....

Licensed Embalmer No. *4492* .....

P. O. Address *Medina* .....

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.