

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004387  
STATE FILE NUMBER

FILED MAR 5 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 47

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Mexico</b>  |                                  | c. CITY OR TOWN <b>Mexico</b> <span style="float: right;">CC 43<br/>C</span>  |   |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>609 Maple St.</b>   |                                  | d. STREET ADDRESS <b>609 Maple</b>  |   |
| 3. NAME OF DECEASED<br>(Type or print) <b>James R. Coonce</b>   |                                  | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>23</b> Year <b>1959</b>  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 8, 1880</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Merchant</b>  |                                  | 11. BIRTHPLACE (City and state or country)<br><b>Boone County, Missouri</b>   | 9. AGE (In years last birthday) <b>79</b>   |
| 13a. FATHER'S NAME<br><b>John C. Coonce</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Emma Coonce</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 17. INFORMANT<br><b>Mrs. Mildred Elson Mexico, Mo.</b>  |   |
| 16. SOCIAL SECURITY NO.<br><b>496-18-1515</b>   |                                  | Address <b>415 Hanley</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Asphyxiation</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>short</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   | <b>9160</b>   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.)<br><b>House burned down.</b>                                   |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____   |                                  | <b>139</b>  |   |
| 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.)<br><b>Home</b>   |   |
| 20f. CITY, TOWN, OR LOCATION<br><b>Mexico</b>   |                                  | COUNTY <b>Audrain</b> STATE <b>Mo</b>   |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>3:40 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><i>William J. Coonce</i> (Degree or title) <b>3</b>   |                                  | 22b. ADDRESS<br><b>1120 Clark Street</b>  |   |
| 22c. DATE SIGNED<br><b>2/24/59</b>  |                                  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>2-26-1959</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>East Lawn Memorial Park</b>  |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Mexico, Missouri</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Arnold Funeral Home Mexico, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>3-5-59</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><i>Thomas C. Durdon</i>  |                                  |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

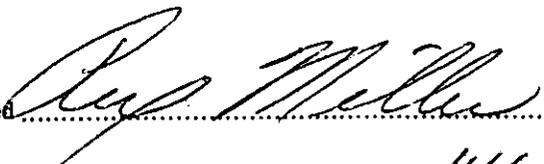
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 10. NO symptoms will be stated. All diseases in Part I must be causally related.

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  .....

Licensed Embalmer No. 4492 .....

P. O. Address Missouri .....

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.