

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028183

FILED VS AUG 28 1959

STATE FILE NUMBER

Registration District No. 34 Primary Registration District No. 5117 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cedar</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hartsburg TPI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Hartsburg TPI</u> d. STREET ADDRESS (If outside, give location) <u>Hartsburg TPI</u>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mortha Jane Coonce</u>				4. DATE OF DEATH Month Day Year <u>Aug 21 1959</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 8 1865</u>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>91</u> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hartsburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adolphus White</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Yount</u>		14. NAME OF HUSBAND OR WIFE <u>Louie L Coonce Hartsburg TN</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>✓</u>		17. INFORMANT Address <u>Louie L Coonce Hartsburg TN</u>			
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition & Debilitation</u> DUE TO (b) <u>Bronchial Pneumonias</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>4 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year				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 <u>June 1, 1959</u> to <u>August 20, 1959</u> and last saw her/him alive on <u>August 20, 1959</u> Death occurred at <u>4: P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>AD Moucher D.O.</u>				22b. ADDRESS <u>Jefferson city, Mo</u>		22c. DATE SIGNED <u>8-22-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Aug 23 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT Pleasant Comt.</u>		23d. LOCATION (City, town, or county) (State) <u>Hartsburg Mo</u>			
24. FUNERAL DIRECTOR ADDRESS <u>W^m L. Burnett Ashland.</u>				25. DATE RECD. BY LOCAL REG. <u>8-22-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W^m L. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland 71

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.

SEP 2 1959