

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002327

FILED VS FEB 2 1960

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 8

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		Length of stay in 1b 7 hours		c. CITY OR TOWN Grand Pass		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION construction job			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ✓		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Charles Middle Burton Last Coad, Jr.				4. DATE OF DEATH Month Jan. Day 28 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-11-1904		9. AGE (last Birthday) 55		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY construction		11. BIRTHPLACE (City and state or country) Saline County		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Charles Burton Coad				13b. MOTHER'S M maiden NAME Susan Funk				14. NAME OF HUSBAND OR WIFE Ruth Slayens					
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. 487-16-6022		17. INFORMANT Address Mrs. Ruth Coad, Grand Pass 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 Coronary Occlusion										INTERVAL BETWEEN ONSET AND DEATH 5 min.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)								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 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 _____ s.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 1940 to Jan. 28, 1960 and last saw him alive on Jan. 28, 1960 Death occurred at 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Jordan Kelling M.D.</i> (Degree or title)						22b. ADDRESS Waverly, Missouri			22c. DATE SIGNED 1/29/60				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY Crossed out		23d. LOCATION (City, town, or county) Saline County, Mo. (State)							
24. FUNERAL DIRECTOR GIBSON FUNERAL HOME WAVERLY, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 1-30-1959		26. REGISTRAR'S SIGNATURE <i>Lucie Gordon Jordan</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 28 1961

MAY 17 1960

FEB 8

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 James F. Gibson
Licensed Embalmer No. 5076
P. O. Address Carrollton, T

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.