

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018299

FILED VS JUN 9 1960 *25*

Registration District No. *5090* Primary Registration District No. *5090* Registrar's No. *15*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Papinsville		Length of stay in 1b 50 Yrs	c. CITY OR TOWN Papinsville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) CHARLES FREDERICK COONCE			4. DATE OF DEATH Month June Day 4 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 11/3/88	9. AGE (last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Miller County, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James M. Coonce		13b. MOTHER'S MAIDEN NAME Samathea Jenkins	14. NAME OF HUSBAND OR WIFE Bertha Coonce	
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. 500-10-7881	17. INFORMANT Address Mrs. Bertha Coonce-Rockville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocarditis			2 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Asbestos		4 yrs
	DUE TO (c) Arteriosclerosis		1 yr
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 Papinsville	COUNTY Bates	STATE Missouri
21. I attended the deceased from 3:30 AM 1950 to June 4, 1960 and last saw ^{her} him alive on June 3, 1960 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE <i>Charles Frederick Coonce</i>	(Degree or title) MD	22b. ADDRESS Rich Hill Mo	22c. DATE SIGNED June 4 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/7/60	23c. NAME OF CEMETERY OR CREMATORY Papinsville Cemetery	23d. LOCATION (City, town, or county) (State) Papinsville, Missouri
24. FUNERAL DIRECTOR Booth Funeral Service-Rich Hill, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. June 8, 1960	26. REGISTRAR'S SIGNATURE <i>Mrs. Edna Bonglass</i>

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butley 174

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.