

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002281  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 3

AMENDED FILED **JAN 25 1961**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Miller</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Lake Ozark</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Miller</b>
Length of stay in 1b		c. CITY OR TOWN <b>Lake Ozark</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		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)	First <b>TURNER</b>	Middle <b>LOYD</b>	Last <b>COONCE</b>	4. DATE OF DEATH	Month <b>January</b>	Day <b>2</b>	Year <b>1961</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-30-1890</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>3</b>	IF UNDER 24 HR Hours <b>3</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired River Tow Boat Captain</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hartsburg, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>James Coonce</b>	13b. MOTHER'S MAIDEN NAME <b>Belle Ott</b>	14. NAME OF HUSBAND OR WIFE <b>Helen McGhee 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>	17. INFORMANT Address <b>Mrs. Helen Coonce Lake Ozark, Mo.</b>
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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) <b>Pulmonary E Demia</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <b>Cardiac De compensation</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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **June 28, 1960** to **Jan. 2, 1961** and last saw him alive on **Jan 2 1961**  
Death occurred at **12:20 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Robert E. Mason Do</b>	22b. ADDRESS <b>Lake Ozark Mo</b>	22c. DATE SIGNED <b>1/4/61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 5, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Old Marion Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Marion, Mo.</b>
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24. FUNERAL DIRECTOR <b>Victor Brescher Jemo</b>	ADDRESS <b>Jemo</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 4, 1961</b>	26. REGISTRAR'S SIGNATURE <b>Alverette Wally</b>
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(Licensed Embalmer - Statement on Reverse Side)

DATE WHEN DECEASED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILE NO.

SHOULD READ

to

of

to

of

of

SEP 1 4 1962

FEB 15 1962

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jemo

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.