

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028015

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 132

FILED JUL 18 1962

VS 300  
Rev. 4/59

1 0781

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |   |
| a. COUNTY <b>Pemiscot</b>   |                               | a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hayti</b>  |                               | c. CITY OR TOWN <b>Hayti</b>   |   |
| Length of stay in lb <b>3yrs</b>  |                               | Inside Limits <input checked="" type="checkbox"/> 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) <b>405 North 6th St.</b>   |   |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                               | Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary E. Coats</b>  |                               |  | 4. DATE OF DEATH Month Day Year <b>July 10-1962</b>   |
| 5. SEX <b>F</b>   | 6. COLOR OR RACE <b>negro</b> | 7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>Jan. 18, 1869</b>   |
| 9. AGE (last birthday) <b>93</b>  |                               | IF UNDER 1 YEAR Months <b>5</b> Days <b>22</b>   | IF UNDER 24 HR Hours <b></b> Min. <b></b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>                     |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>  | 11. BIRTHPLACE (City and state or country) <b>DeSoto Mississippi</b>  |
| 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>   |                               | 13a. FATHER'S NAME <b>unknown</b>  |   |
| 13b. MOTHER'S MAIDEN NAME <b>Mary Jane Harris</b>   |                               | 14. NAME OF HUSBAND OR WIFE <b>dead</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>                |                               | 16. SOCIAL SECURITY NO. <b>none</b>  |   |
| 17. INFORMANT <b>Family Record</b>  |                               | Address  |   |
| 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 <b>3 days</b>  |
| IMMEDIATE CAUSE (a) <b>Euphysemia</b>   |                               |  |   |
| DUE TO (b) <b>Mediocrity</b>  |                               |  |   |
| DUE TO (c) <b>Coronary Vascular</b>   |                               |  | <b>2 yrs.</b>   |
| 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>7-9-62</u> to <u>7-10-62</u> and last saw her/him alive on <u>7-9-62</u>                      |                               |  |   |
| Death occurred at <u>6 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.                  |                               |  |   |
| 22a. SIGNATURE <b>W. D. ...</b>   |                               | 22b. ADDRESS <b>Hayti, Mo.</b>   |   |
| 22c. DATE SIGNED <b>7-12-62</b>   |                               |  |   |
| 23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 23b. DATE <b>7-13-1962</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Morgan Ridge</b>  |                               | 23d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo.</b>   |   |
| 24. FUNERAL DIRECTOR <b>LaForge Und. Co. Inc. Caruthersville</b>  |                               | 25. DATE RECD. BY LOCAL REG. <b>7-14-62</b>  |   |
| 26. REGISTRAR'S SIGNATURE <b>Charlotte E. Sloan</b>   |                               |  |   |

**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 Noel C. Dean

Licensed Embalmer No. 3941  
P. O. Address Carrollton  
Miss.

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.

*Funeral permits were not obtained - Callahan*