

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 146

STATE FILE NUMBER

0010116

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson City

Length of stay in 1b
N.B.

c. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Charles Still Osteopathic

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Monterey

c. CITY OR TOWN California Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
500 E. Buchanan Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Infant

Middle

Last COONS

4. DATE OF DEATH

Month March Day 27 Year 1965

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
3-26-65

9. AGE (last birthday)

IF UNDER 1 YEAR
Months 17 Days 17 Min. 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Jefferson City, Mo

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Robert Coons

13b. MOTHER'S MAIDEN NAME

Judy Lavallee

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Robert Coons Address California 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)

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

Survived 17 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

6 Mo gestation infant.

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.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 2:30 a.m. 30 p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

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 March 26 65 to March 27 65 and last saw him/her alive on March 26 65
Death occurred at 2 30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. H. Moore DO

22b. ADDRESS

California, Mo

22c. DATE SIGNED

3-27-65

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

3-28-1965

23c. NAME OF CEMETERY OR CREMATORY

City

23d. LOCATION (City, town, or county)

California

(State)

Mo.

24. FUNERAL DIRECTOR

A. E. Wilson

ADDRESS

California, Mo.

25. DATE RECD. BY LOCAL REG.

28th 29 Mar 1965

26. REGISTRAR'S SIGNATURE

Norma E. Richter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

0010100

0010100

9200
1800

0
0
0
0

2.1

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 Was not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, Mo.

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.