

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 150010117 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH  
a. COUNTY Calif

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Jefferson City Mo. Length of stay in lb 6 days  
c. FULL NAME (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Charles E. Still Hospital Inside Limits Yes ☒ No ☐

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

c. CITY OR TOWN California Inside Limits Yes ☒ No ☐  
d. STREET ADDRESS (If outside, give location) Buchanana Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LARRY Middle LYNN Last COONS

4. DATE OF DEATH Month April Day 2 Year 1965

5. SEX Male 6. COLOR OR RACE White 7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-26-1945 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
Months 6 Days 6 Hours 6 Min. 6

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

11. BIRTHPLACE (City and state or country) Jefferson City Mo. 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Robert Coon 13b. MOTHER'S MAIDEN NAME Judy Lavallee Coon

14. NAME OF HUSBAND OR WIFE Robert Coon Address California Mo

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. Robert Coon 17. INFORMANT 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  
DUE TO (b) 6 mo. gestation  
DUE TO (c) 6 mo. gestation  
Conditions, if any, which gave rise to, above cause (3) stating the underlying cause last.

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 12:15 A Month, Day, Year March 27, 65

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.) California 20f. CITY, TOWN, OR LOCATION California COUNTY California STATE Mo.

21. I attended the deceased from March 27, 65 to April 2, 65 and last saw him alive on April 2, 65  
Death occurred at 12:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. H. Moore D.O. (Degree or title) 22b. ADDRESS California, Mo 22c. DATE SIGNED 4-2-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial 23b. DATE 4-3-1965 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. 3rd 6 April 1965 26. REGISTRAR'S SIGNATURE Theresa Richter

(Licensed Embalmer's Statement on Reverse Side)

**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. *was not embalmed*

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*A. E. Wilson*

Licensed Embalmer No. 2351

P. O. Address California Me.

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.