S. No. 2
M—2-43
. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36350

Registration District No. 61 Primary Registration District No. 5237 Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural Cedar township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cedar 20

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME STEPHEN H. COALE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Celestia Coale

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 20 (Day) 1887 (Year)

8. AGE: Years 59 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Cedar Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Wm. H. Coale
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nancy Wangle
15. Birthplace (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. S. H. Coale
(b) Address El Dorado Spring, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hackleman Cemetary

18. (a) Signature of funeral director Twinn-Carothers
(b) Address El Dorado Spring, Mo.

19. (a) 11/5/46 (Date received local registrar) (b) J. C. Brannan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 1946 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct. 25, 1946 to Oct. 31, 1946 that I last saw him alive on Oct. 31, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Flock	3 days
Due to Influenza contracted Oct. 23 - 1946	
Due to Had Influenza twice per year for 15 yrs.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address Stockton Mo. Date signed 11-5-46

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(Licensed Embalmer's Statement on Reverse Side)

Date Filed 12-2-46

Distr... 11-46-3049

Distr... Oth... No.

REC...

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed M D Gwinn

Licensed Embalmer No. 2034

P. O. Address Eldorado Springs, N

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 this body is not embalmed, fact should be so stated above.