

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41725

Registrar's No. 430

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 430	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>11/30/49</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Shelbyville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R R # 4</u>			
3. NAME OF DECEASED (Type or Print) <u>Marion Hamilton Coe</u>				a. (First) _____ b. (Middle) _____ c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>December 2, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>August 23, 1870</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>3</u>		11. DAYS <u>10</u>		12. IF UNDER 1 YEAR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>		11. BIRTHPLACE (State or foreign country) <u>Knox County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Edward M. Coe</u>				13b. MOTHER'S MAIDEN NAME <u>Martha V. Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward Coe</u> ADDRESS <u>Shelbyville Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion - Brain</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Trauma unknown origin</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of Ribs - Fracture Left Clavicle</u> <u>Contusion of Kidneys</u>			
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>?</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Shelby County Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 30 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>was found in barn lot unconscious. 12-6-49</u>			
22. I hereby certify that I attended the deceased from <u>Nov 30, 1949</u> , to <u>Dec 2, 1949</u> , that I last saw the deceased alive on <u>Dec 2, 1949</u> , and that death occurred at <u>12:35 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. H. A. Hestley M.D.</u>				23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>12-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/8/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shelbyville Missouri</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>12-8-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Fisher</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Fisher</u>		ADDRESS <u>Hannibal Missouri</u>	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED DEC 15 1949
MARION CO, HEALTH DEPT.
DATE FILED DEC 15 1949

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.

Signed _____

John S Ward

Signed _____
Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.

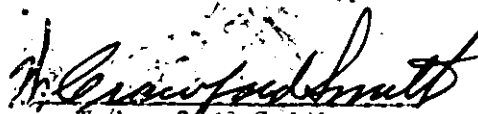
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VERDICT OF JURY

INQUEST MARION COE.

The jury find that Marion Coe died from injuries sustained in an unknown manner, not revealed by any witness.

Melvin Clayton Foreman


H. Crawford Smith
Coroner

A. R. Morris
B. C. Fowler
B. M. Edwards
Wm. Lampton
R. C. Arthur

