S. No. 300
10-48

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41807

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Montg Twn
c. LENGTH OF STAY (In this place): 19 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2 miles west Montg C Mo
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Jane
c. (Last): Coil

4. DATE OF DEATH (Month) (Day) (Year): Dec 8 th 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Oct 28 th 1864
9. AGE (In years last birthday): 85 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Callaway Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Henry Palmer
13b. MOTHER'S MAIDEN NAME: Mary Crum
14. NAME OF HUSBAND OR WIFE: Elijah Coil "Decd"

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'S SIGNATURE OR NAME ADDRESS: Mary Belle Hibbard

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene Right leg & foot — INTERVAL BETWEEN ONSET AND DEATH: 12.5-49

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Phlebitis and Hypertension — years
DUE TO (c) Cardio-Renal Disease — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Paralysis (Apostic) — years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): No — —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: No 442X

22. *I hereby certify that I attended the deceased from* 2-4, 1949, *to* 12-7, 1949, *that I last saw the deceased alive on* Dec. 5, 1949, *and that death occurred at* 5 00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. J. T. Andersen, M.D.
23b. ADDRESS: Montgomery City, Mo
23c. DATE SIGNED: 12/7/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 11 th 1949
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Liberty
24d. LOCATION (City, town, or county) (State): Near Shamrock Mo.

DATE REC'D BY LOCAL REG.: 12-10-49
REGISTRAR'S SIGNATURE: Bernice E. Wyatt 434
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.W. HOPKINC MONTGOMERY CITY MO

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ XXX on the 8 day of Dec 1949, Student Embalmer, No. ....., working under my personal supervision.

C W Hopkins

Signed C. W. Hopkins

Signed ..... Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City 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 this body is not embalmed, fact should be so stated above.