

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 513

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>El Dorado Spgs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0201</u> OR TOWN <u>El Dorado Spgs</u>	
c. LENGTH OF STAY (in this place) <u>9 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>112 Nighthawer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kings Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JULIA</u>	b. (Middle) <u>MC BRIDE</u>	c. (Last) <u>COBERLY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29, 1950</u>
-------------------------------------	-------------------------	-----------------------------	--------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Apr 5, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
----------------------	-------------------------------	---	-------------------------------------	---	------------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, years if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Butler Co, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>George Mc Bride</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Kenton</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Jones</u>	ADDRESS <u>El Dorado Spgs, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTEVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive heart disease, chronic.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 17 Jan, 1950 to 20 Jan, 1950, that I last saw the deceased alive on 19 Jan, 1950, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Hill M.D.</u>	23b. ADDRESS (Degree or title) <u>Eldorado Springs, Mo.</u>	23c. DATE SIGNED <u>1/4/50</u>
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/22/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	24d. LOCATION (City, town, or county) (State) <u>Near El Dorado Spgs Mo</u>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>JAN. 31, 1950</u>	REGISTRAR'S SIGNATURE <u>George W. Hill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Hill</u>	ADDRESS <u>Kings Nursing Home El Dorado Spgs</u>
---	---	--	--

(Licensed Embalmer's Signature on Reverse Side)

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

5201  
4

RECEIVED

District Health Officer No. 7

District File Number L-50-14

Date Filed 2-6-57

---

---

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 George W. Kasper

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2752

P. O. Address El Dorado Map 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.