No. 300
10-48

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22791

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 823

0117

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 419 N.16th Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Myrtle
c. (Last): Coble

4. DATE OF DEATH (Month) (Day) (Year): July 10, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 30,1895
9. AGE (In years last birthday): 54 — 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): Checker
10b. KIND OF BUSINESS OR INDUSTRY: Laundry
11. BIRTHPLACE (State or foreign country): Gentry County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Canaday
13b. MOTHER'S MAIDEN NAME: Ida Duxbury
14. NAME OF HUSBAND OR WIFE: William L. Coble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 491-09-8323
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: William L. Coble St. Joseph, Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral ~~Hemorrhage~~ Thrombosis	3 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	?
	Coronary Sclerosis	?
DUE TO (c)	Coronary Infarction	2 yrs ago
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Mitral Stenosis	?
	Rheumatic Heart Disease	?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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): St Joseph Buchanan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 332X

22. *I hereby certify that I attended the deceased from* Apr-20, 1950, *to* July-10, 1950, *that I last saw the deceased alive on* July-9, 1950, *and that death occurred at* 6:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. L. Howden M.D. 0
23b. ADDRESS: 419 Kirkpatrick Bldg
23c. DATE SIGNED: 7-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: July 12,1950
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: July 18, 1950
REGISTRAR'S SIGNATURE: G. C. Jenkins 382 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Walter Meerhoffer Jr. St. Joseph, Mo.

(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~~ ****

-****** ****** ***

working under my personal supervision.

Student Embalmer No. *** ****

Signed Raymond H. Morchea

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

Signed **** *** ***
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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