

FILED JUL 19 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

023 23048
 State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5246 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Chariton Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Mussel Fork Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Mussel Fork Twp</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Mussel Fork Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
3. NAME OF DECEASED a. (First) <u>JESSIE</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>COE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June-22-1950</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct-14-1889</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>8</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Prairie Hill Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>Nathaniel Sterner</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Edmonson</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Coe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) <u>No</u> (If yes, give year or dates of service) _____	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Edward Coe Marceline 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma</u> DUE TO (c) <u>Carcinoma Breast</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) (Min.) _____	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 <u>Sept</u> , 19 <u>49</u> , to <u>June 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 20</u> , 19 <u>50</u> , and that death occurred at <u>W</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. L. Hoover, M.D.</u>		23b. ADDRESS <u>Marceline, Mo</u>	23c. DATE SIGNED <u>6-24-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 25 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lock Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton Co Mo</u>
DATE REC'D BY LOCAL REG. <u>6/25/50</u>	REGISTRAR'S SIGNATURE <u>W. L. Hoover</u>	55	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Home Brookfield Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0210

*W. A. Colburn
(X 2)*

RECEIVED
JUL 1 1 1950
District Health Officer No. 10
District File Number 7-50-1134
Date Filed JUL 1 4 1950

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.

Student
Student Embalmer

Signed J. A. Blacklock
Licensed Embalmer No. 2246

P. O. Address Brookfield 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.