

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3685

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Callaway</u>	
c. LENGTH OF STAY (in this place) <u>13 days</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi West Montgomery City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Andrew County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Bush</u> c. (Last) <u>Coil</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 24, 1861</u>		9. AGE (In years last birthday) (Months) (Days) <u>89 11 18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>James</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri Callaway Co.</u>	
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Solomon Coil</u>		13b. MOTHER'S MAIDEN NAME <u>Parmelia Rentsch</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
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>See Coil</u> ADDRESS <u>Wellsville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured hip.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4500 F</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis; endocarditis.</u>			
		DUE TO (c) <u>Carcinoma of stomach ?</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	

22. I hereby certify that I attended the deceased from 1/29/51, 1951, to 2/10/51, 1951, that I last saw the deceased alive on 2/10/51, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Kelley, M.D.</u>		23b. ADDRESS <u>117 East Monroe Mexico, Mo.</u>		23c. DATE SIGNED <u>2/13/51</u>	
23d. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>2/13/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>9 mi South Martinsburg Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Feb 13-1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Keely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Kelly</u> ADDRESS <u>Wellsville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: FEB 19 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-57-5
Date Filed: FEB 19 1951

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, only

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

F B Hells

Licensed Embalmer No. _____

P. O. Address _____

*1588
Hellerille 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.