

FILED JUN 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16058

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 50

0300
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1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>	c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u> <u>0.300</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CORA</u>	b. (Middle) <u>ARDELLA</u>	c. (Last) <u>HOOVER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-3-1881</u>	9. AGE (In years last birthday) <u>70</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Coggelt</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Lemon</u>	14. NAME OF HUSBAND OR WIFE <u>Charles</u>
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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 <u>Mrs Opal Kenley</u>	ADDRESS <u>Buffalo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Gangrene Toes of both feet + Non Cooperation</u>		<u>6 Mos</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-10-, 1951, to 5-15-, 1951, that I last saw the deceased alive on 5-15-, 1951, and that death occurred at _____ m., from the causes, and on the date stated above.

23a. SIGNATURE <u>H. Blummer MD</u>	(Degree or title)	23b. ADDRESS <u>Buffalo Mo</u>	23c. DATE SIGNED <u>5-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>5-17-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Buffalo Mo</u>
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DATE REC'D BY LOCAL REG. <u>5/26/51</u>	REGISTRAR'S SIGNATURE <u>Miss J. B. Jones</u>	80	25. FUNERAL DIRECTOR'S SIGNATURE <u>K B Jones</u>	ADDRESS <u>Buffalo Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 29 1951

Dist. File 5-51-9200

Date Filed 5-29-51

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.....
Student Embalmer

Signed Morris B Jones.....

Licensed Embalmer No. 4322.....

P. O. Address Buffalo, 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.