

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

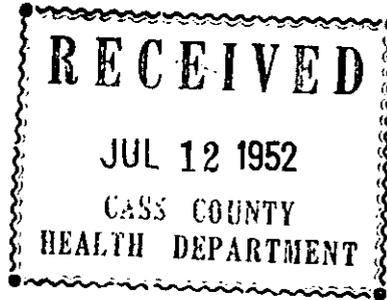
State File No. 23873

DECEASED JUL 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>103</u>		
1. PLACE OF DEATH a. COUNTY <u>Clas</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clas</u>				
b. CITY (if outside corporate limits, write RURAL and give OR TOWN <u>Harrisonville</u> (township))		c. LENGTH OF STAY (in this place) <u>39 days</u>		c. CITY (if outside corporate limits, write RURAL and give OR TOWN <u>Rural Dolan RR#1</u> )				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (if rural, give location) <u>2 mi. E. of Freeman</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Coble</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 3-1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 19-1888</u>		
						9. AGE (in years) (last birthday) (Months) (Days) (Hours) (Min.) <u>63 8 14</u>		
10a. USUAL OCCUPATION (Give kind of work or during most of working life, specify if retired) <u>Farmer (Active)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Sycamore, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Coble</u>			13b. MOTHER'S MAIDEN NAME <u>Jeannette Pryor</u>			14. NAME OF MARRIAGE OR WIFE <u>Dorothy (Groll) Coble</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Dorothy Coble Freeman, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>	
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 <u>Feb 1952</u> , to <u>July 3, 1952</u> , that I last saw the deceased alive on <u>July 3, 1952</u> , and that death occurred at <u>2 1/2 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Edward S. Jones</u>				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>7-5-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman, Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 6 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		5. FEDERAL DIRECTOR'S SIGNATURE <u>William B. ...</u>		ADDRESS <u>Harrisonville Mo</u>		

0191  
0

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



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 \_\_\_\_\_

*Walter Robinson*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.

*M*