S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27441

FILED AUG 20 1952

BIRTH NO. 49012 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN Harrisonville (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (In this place) 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Freeman 0190
d. STREET ADDRESS (If rural, give location) 4 Mi N.E of Freeman.

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

4. DATE OF DEATH (Month) (Day) (Year) Aug 8-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Aug 8-1952
9. AGE (In years last birthday) 0 — If under 1 year: Months 0, Days 0 — If under 24 hrs.: Hours 3, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Harrisonville MO
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME J.A. Coble Jr.
13b. MOTHER'S MAIDEN NAME Dorothy A. Rainey
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME J.A. Coble Jr — ADDRESS Freeman 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abnormal Heart - Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7544
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1952 *to* Aug 8, 1952 *that I last saw the deceased alive on* Aug 8, 1952 *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Harry B. Neu (Degree or title) M.D.
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 9 52
24c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery
24d. LOCATION (City, town, or county) Freeman (State) Mo

DATE REC'D BY LOCAL REG. Aug 10, 1952
REGISTRAR'S SIGNATURE Nora Barnard 457
25. FUNERAL DIRECTOR'S SIGNATURE Monnier Bros
ADDRESS Harrisonville Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 16 1952
CASS COUNTY
HEALTH DEPARTMENT

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 Floyd Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3970

P. O. Address Harrisonville 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.