

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42057
State File No. 42057

4200

1102-A
Registrar's No.

No. 300
10.48

FILED DEC 22 1952

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5452

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u> | | d. STREET ADDRESS (If rural, give location) | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> | b. (Middle) <u>JUDITH</u> | c. (Last) <u>COBLE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 1952</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>Feb 5, 1872</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 6 MINS. Mins. |
|----------------------|-------------------------------|---|-------------------------------------|---|------------------------|------------------------|------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (State or foreign country) <u>Cedar County Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Alfred McLeod</u> | 13b. MOTHER'S MAIDEN NAME <u>Betty Waddle</u> | 14. NAME OF HUSBAND OR WIFE <u>Howard Coble</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Howard Coble, Husband-Ash Grove, Mo</u> | ADDRESS |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> | | <u>5 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Mitral valve insufficiency</u> DUE TO (c) <u>Cardiac dilatation arteriosclerotic</u> | | <u>2 years</u> <u>8 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rt. leg amputated 3 years ago due to (c) above</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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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| | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 June, 1944, to Dec. 9, 1952, that I last saw the deceased alive on Dec. 9, 1952, and that death occurred at 4:40P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Flower Z. Math</u> D.O. | 23b. ADDRESS <u>Ash Grove, Missouri</u> | 23c. DATE SIGNED <u>12-10-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 11-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>12-17-52</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James Paul Groce - No. 1</u> | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Wayne L. Samuel

Licensed Embalmer No. *4202*

P. O. Address _____

Box 31002 - NW

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.