

STANDARD CERTIFICATE OF DEATH

9541

State File No.

BIRTH DATE **MAR 22 1954** REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **5886** Registrar's No.

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Jackson twsp.		c. CITY OR TOWN Brixey	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 16 years		e. STREET ADDRESS (If rural, give location) Brixey	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-Brixey		3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) J. c. (Last) Coble	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3-30-1857
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 96 if UNDER 1 YEAR Months Days if UNDER 4 Hrs. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Leroy Coble 13b. MOTHER'S MAIDEN NAME Hannah Eliff 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) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fred Smith- Brixey, Missouri ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal tumor,		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused 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. Sinuality		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 (Month) (Day) (Year) (Hour) OF INJURY 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 1-19 , 19 54 , to 3-2 , 19 54 , that I last saw the deceased alive on 2-16 , 19 54 , and that death occurred at 2:00P m., from the causes and on the date stated above.			
23a. SIGNATURE D. C. Foster (Degree or title) 23b. ADDRESS D. C. Foster 23c. DATE SIGNED 3-5-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-4-1954 24c. NAME OF CEMETERY OR CREMATORY Souder Cemetery 24d. LOCATION (City, town, or county) (State) Ozark County Missouri	
DATE REC'D BY LOCAL REG. MAR 22 1954 25. REGISTRAR'S SIGNATURE W. J. ... 25. FUNERAL DIRECTOR'S SIGNATURE Wayne N. Foster - Mt Home Ark. ADDRESS			

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.....
Signature of Student Embalmer

Signed *Wayne N. Foster*.....

Licensed Embalmer No. *105*.....

P. O. Address *Mt. Home,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.