

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17868

State File No.

FILED JUL 7 1954

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>4028</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		c. LENGTH OF STAY (In this place) <u>79 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberal</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Liberal, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u>			b. (Middle) <u>House</u>		c. (Last) <u>Coles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 27 1954</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>5-25-1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Barton County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John J. Coles</u>			13b. MOTHER'S MAIDEN NAME <u>Mary House</u>		14. NAME OF HUSBAND OR WIFE <u>Docia Whitworth Coles</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>Docia Coles--widow Liberal, 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>Cerebral Thrombosis</u> " <u>Edema</u> " <u>Chronic Passive Congestion & Acute Cardiac Decompensation</u> DUE TO (b) _____ DUE TO (c) <u>MYESTHENIA - GRAVIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>→ MYESTHENIA - GRAVIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>7 days</u> <u>2 wks</u> <u>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>			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) (Minute)		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>Jan-29, 1949</u> , to <u>June 27, 1954</u> , that I last saw the deceased alive on <u>JAN 26, 1954</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>M.H. Kuehland, D.O.</u>				23b. ADDRESS <u>Liberal, Missouri</u>		23c. DATE SIGNED <u>6-29-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>No. East Liberal Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 30 1954</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melba J. ...</u>		ADDRESS <u>Mulberry, Ks.</u>		

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

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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 only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. K. Smith

Licensed Embalmer No. 3969

P. O. Address Pittsburg Kan

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.