

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27938**

FILED AUG 31 1954

BIRTH NO. REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **402**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY OR TOWN Joplin	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 years		e. STREET ADDRESS (If rural, give location) 817 Forest ave. 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b. (Middle) Baker	c. (Last) Coile	4. DATE OF DEATH (Month) (Day) (Year) 8-5-1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 20 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Robber	10b. KIND OF BUSINESS OR INDUSTRY Common Labor	11. BIRTHPLACE (City and State or Foreign Country) Elk Co, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME John Coile	13b. MOTHER'S MAIDEN NAME Sarah Ball	14. NAME OF HUSBAND OR WIFE Katie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Katie Coile	ADDRESS 817 Forest Joplin Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis and Cerebral Apoplexy		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 1 Mo.
	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	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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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 1945** to **July 5 1954** that I last saw the deceased alive on **Aug 5, 1954** and that death occurred at **817 Forest Ave** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clayton Neal	23b. ADDRESS Joplin Mo 817 Forest	23c. DATE SIGNED 8/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-9-1954	24c. NAME OF CEMETERY OR CREMATORY Forest Park	24d. LOCATION (City, town, or county) (State) Joplin Mo
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DATE REC'D BY LOCAL REG. 8-23-54	REGISTRAR'S SIGNATURE to Dr. James 138	25. FUNERAL DIRECTOR'S SIGNATURE Thornhill-Dillon	ADDRESS Joplin Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED AUG 30 1954
Jasper County Health Office
County File Number 54-8-720
Date Filed AUG 30 1954

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..... *W. E. Huddleston*

Licensed Embalmer No. 477

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