

16319

 DEPARTMENT OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 15 1955

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>136</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly, Missouri</u>		c. LENGTH OF STAY (In this place) <u>4 Days</u>		c. CITY OR TOWN <u>Vandalia, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital.</u>				e. STREET ADDRESS (If rural, give location) <u>714 W. Washington St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Luther</u>		b. (Middle) <u>Coon</u>		c. (Last) <u>See.</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>28</u>		(Year) <u>1955</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>Aug 9, 1880</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
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>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George See.</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Nona May See.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nona May See</u> ADDRESS <u>Vandalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> ANTECEDENT CAUSES <u>Atherosclerosis General</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Acute Urinary Obstruction</u> Conditions contributing to the death but not related to the disease or condition causing death <u>due to Prostatic Hypertrophy; Bui</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>26 May 55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostatic Hypertrophy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>		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>25 May 55</u> to <u>28 May 55</u> , that I last saw the deceased alive on <u>28 May 1955</u> , and that death occurred at <u>10:20 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Moberly, Missouri.</u>		23c. DATE SIGNED <u>6-1-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-2-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ralls Co, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>6-2-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>269-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clydes Wilkey</u> ADDRESS <u>Perry, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Clyde Wilbey*

Licensed Embalmer No..... 3820

P. O. Address..... Perry, 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.