

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32072

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6281 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Van Buren</u>	c. LENGTH OF STAY (In this place) <u>1 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Van Buren</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>6-m. SW-9 Berdawn Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VIRGIL</u>	b. (Middle) <u>LEO</u>	c. (Last) <u>COBLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 5 1955</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 8, 1912</u>	9. AGE (In years last birthday) <u>41</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	11. BIRTHPLACE (State or foreign country) <u>Bado, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James B. Coble</u>	13b. MOTHER'S MAIDEN NAME <u>Petta Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Golda Edna</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes U-War II</u>	16. SOCIAL SECURITY NO. <u>482-16-2989</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Golda Coble</u>	ADDRESS <u>Graft Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Undifferentiated retroperitoneal Carcinoma</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>158X</u>	

19a. DATE OF OPERATION <u>April 1955</u>	19b. MAJOR FINDINGS OF OPERATION <u>Metastatic carcinoma</u>	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)
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 2-10, 1955, to 9-5, 1955, that I last saw the deceased alive on 9-3, 1955, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Malcolm B. Kelly</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Houston, Mo.</u>	23c. DATE SIGNED <u>9-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-7-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dykes</u>	24d. LOCATION (City, town, or county) (State) <u>Yves Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-30-55</u>	REGISTRAR'S SIGNATURE <u>E. B. Garner</u>	3906	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home</u>	ADDRESS <u>Houston Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

OCT 13 1955
OCT 5 1955

COUNTY HEALTH DEPT.
County File Number 1055-111
Date Filed OCT 3 1955

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, TX

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.