

FILED OCT 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32105**

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5012 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Andrew Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS Mo. b. COUNTY Andrew Co	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Flagsprings)	c. LENGTH OF STAY (in this place) township) 65 yrs.	c. CITY OR TOWN Flagsprings	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 Home		e. STREET ADDRESS (If rural, give location) 6020	

3. NAME OF DECEASED (Type or Print) a. (First) Woodson	b. (Middle)	c. (Last) Coil	4. DATE OF DEATH (Month) (Day) (Year) 10.4.1955
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2.1.1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same	9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months 8 Days 3 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Agency Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Cyrus Coil	13b. MOTHER'S MAIDEN NAME Forenie Montgomery	14. NAME OF HUSBAND OR WIFE Mary E. Coil
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 494-40-9622	17. INFORMANT'S SIGNATURE OR NAME Mary E. Coil ADDRESS Flagsprings Mo
--	--	---

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 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mitral regurgitation		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4210			

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 OF INJURY (Month) (Day) (Year) (Hour)	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 March, 1967, to 10.4.1955, that I last saw the deceased alive on 10-3, 1955, and that death occurred at 1 P.m., from the causes and on the date stated above.

23a. SIGNATURE E. Blacklock (Degree or title) M.D.	23b. ADDRESS King City Mo.	23c. DATE SIGNED 10.6.55
--	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10.6.1955	24c. NAME OF CEMETERY OR CREMATORY Flagsprings	24d. LOCATION (City, town, or county) (State) Union Star Mo.
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. 10-10-55	REGISTRAR'S SIGNATURE Richard Sparks	25. FUNERAL DIRECTOR'S SIGNATURE Alf Taggart ADDRESS King City Mo
--	---	---

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

MS MAR 3 0 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *R. G. Taggart*

Licensed Embalmer No. 2563

P. O. Address King City M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.