

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15594**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **592**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 0250	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Donald c. (Last) Coble			4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV. 4 1953		9. AGE (In years last birthday) 2 Months 6 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME J.D. Coble		13b. MOTHER'S MAIDEN NAME Elsie C. Egan		14. NAME OF HUSBAND OR WIFE x x x x	
--------------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ma. Elsie Coble ADDRESS Plattsburg, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tetanus Infection			INTERVAL BETWEEN ONSET AND DEATH 5 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Puncture wound head			5 days
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			843X

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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) Plattsburg (COUNTY) Clinton (STATE) Missouri	
--	--	--	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 22, 1956		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? thrown over handle bars of bicycle-struck head on pavement	
---	--	---	--	--	--

22. I hereby certify that I attended the deceased from **May 26 1956** to **May 28, 1956** that I last saw the deceased alive on **May 27 1956**, and that death occurred at **12:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. Shaldua M.D.		23b. ADDRESS Plattsburg, Mo.		23c. DATE SIGNED May 28 1956	
--	--	-------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-29-1956		24c. NAME OF CEMETERY OR CREMATORY Plattsburg	
				24d. LOCATION (City, town, or county) (State) Plattsburg MO.	

DATE REC'D BY LOCAL REG. May 28, 1956		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE W. D. Lyon ADDRESS Plattsburg MO.	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

300
46

5
0

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

Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg N.Y.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.