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FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36788
STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY TEXAS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CABOOL — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY TEXAS
c. CITY OR TOWN CABOOL 109 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ELLA Middle: EUGENE Last: KOYLE

4. DATE OF DEATH Month 10 Day 14 Year 56

5. SEX F

6. COLOR OR RACE W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH 11-23-1875

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) GEORGETOWN, Colo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME SAMUEL KINGDON

14. MOTHER'S MAIDEN NAME Ruth

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.

17. INFORMANT FLORABELLE MOYER Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic valvular heart
DUE TO (c) + arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 42114,

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951, to Oct 14-56 and last saw her ~~him~~ alive on Oct 14-56
Death occurred at 10:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Krause (Degree or title) D.O.

22b. ADDRESS Cabool, Mo.

22c. DATE SIGNED 10/16/56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 10-17-56

23c. NAME OF CEMETERY OR CREMATORY CABOOL CEM.

23d. LOCATION (City, town, or county) CABOOL, (State) Mo.

24. FUNERAL DIRECTOR Elliott-Gentry, ADDRESS Cabool, Mo.

25. DATE RECD. BY LOCAL REG. 10-24-56

26. REGISTRAR'S SIGNATURE Gaynell Cunningham

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James L. Gentry

Licensed Embalmer No. 47

P. O. Address Cabool, M

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