

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

89

FILED FEB 7 1957

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Audrain.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ralls.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico, Missouri.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Perry, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Co. Hosp.</u>			Length of stay in 1b <u>10 Dys.</u>	d. STREET ADDRESS <u>Perry, Mo.</u>	
3. NAME OF DECEASED (Type or print) <u>JOHN</u>			First <u>JOHN</u>	Middle	Last <u>COIL</u>
4. DATE OF DEATH <u>Jan 20, 1957</u>		Month <u>Jan</u>	Day <u>20</u>	Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 23, 1870</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Month <u>9</u> Day <u>27</u> 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 country) <u>Ralls Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James Coil.</u>			14. MOTHER'S MAIDEN NAME <u>Barbara <del>BARANDA</del> Ball</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs L.N. Wright Defiance, Ohio.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Pulmonary Embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Phlebothrombosis left femoral</u>					<u>unknown</u>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>462x</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>12-24-56</u> to <u>1-20-57</u> and last saw <sup>him</sup> alive on <u>1-20-57</u> Death occurred at <u>1:00 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Ernest S Gantt</u>			(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Mexico, Missouri.</u>	
					22c. DATE SIGNED <u>1-26-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-24-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>	
24. FUNERAL DIRECTOR <u>Clyde B. Weisay</u>		ADDRESS <u>Perry, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 24 1957</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

(Licensed Embalmer's Statement on Reverse Side)

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 *Clydel Wilkey*

Licensed Embalmer No. 582

P. O. Address Perry, Mo.

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.