

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025099

STATE FILE NUMBER

FILED JUL 22 1958

Registration District No. 113

Primary Registration District No. 5431

Registrar's No. 676

69  
S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lonedell Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Lonedell, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>none</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Willeam</b> Middle <b>George</b> Last <b>Coibion</b>			4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1958</b>		
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 26, 1896</b>		9. AGE (In years last birthday) <b>62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Union Electric Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insurance Super.</b>		11. BIRTHPLACE (City and state or country) <b>Elweed, Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Michael Coibion</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Sexauer</b>		14. NAME OF HUSBAND OR WIFE <b>Iceland Coibion</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <b>none none</b>		16. SOCIAL SECURITY NO. <b>493-65-1272</b>		17. INFORMANT <b>Mrs. R. H. Redaw</b> Address <b>Lone Hill, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary insufficiency</b> DUE TO (c) <b>4201</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 hr 6 days</b>
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 Month, Day, Year 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 <b>July 12, 1958</b> to <b>July 13, 1958</b> and last saw him alive on <b>July 13, 1958</b> Death occurred at <b>12:15</b> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Dr. John M. Williams D.O.</b>			22b. ADDRESS <b>St. Clair Mo</b>		22c. DATE SIGNED <b>7-13-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>July 16, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Vahala Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis, Mo.</b>		(State)			
24. FUNERAL DIRECTOR <b>Shirley W. Kitchell</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>7/13/58</b>		26. REGISTRAR'S SIGNATURE <b>Floyd Williams</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

JUN 7 1963

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 *Sherrard W. Kitchell*

Licensed Embalmer No. *3873*

P. O. Address *St. Clair Mo*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.