

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017469

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bethany</u>		c. CITY OR TOWN <u>Bethany</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Noll Mem. Hosp.</u>		Length of stay in lb <u>1 day</u>	
d. STREET ADDRESS <u>2203 Oakland</u>		e. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Hettie</u> Middle <u>Vera</u> Last <u>Coolbaugh</u>			4. DATE OF DEATH Month <u>5</u> Day <u>18</u> Year <u>1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-27-1893</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Stockton, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Sanford Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Alice Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Sr.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-16-7894</u>		17. INFORMANT <u>Charles Coolbaugh Jr.</u>	
				Address <u>Bethany Mo</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>Adenocarcinoma of Ovary.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>14 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		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.) <u></u>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					

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.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Bethany</u>		COUNTY <u>Mo.</u>		STATE <u>Mo.</u>	
21. I attended the deceased from <u>4-29-53</u> to <u>5-18-59</u> and last saw her alive on <u>5-18-59</u> . Death occurred at <u>5:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									

22a. SIGNATURE (Deceased's title) <u>Merriam Leach</u>			22b. ADDRESS <u>Bethany Mo</u>			22c. DATE SIGNED <u>5/19/59</u>		
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-20-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>			
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24. FUNERAL DIRECTOR <u>W. H. Linn</u>		ADDRESS <u>Bethany, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-20-59</u>		26. REGISTRAR'S SIGNATURE <u>Jella Mayberry</u>			
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

10

1959  
JUN 4

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 *W. B. Haas* .....

Licensed Embalmer No. 3899.....

P. O. Address *Bethany 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.