

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021068

STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 121

300
-57

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		c. CITY OR TOWN Trenton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callers Hosp		d. STREET ADDRESS (If outside, give location) 611 E. 9th St.	
3. NAME OF DECEASED (Type or print) First Dejolia Middle MAY Last Coberly		4. DATE OF DEATH Month June Day 20 Year 1959	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 27, 1907
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) House w. fc		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	9. AGE (In years last birthday) 52 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) GRUNDY Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Everett Coy		13b. MOTHER'S MAIDEN NAME Ada Mason	
14. NAME OF HUSBAND OR WIFE Victor Coberly		17. INFORMANT Vic Coberly Address Trenton, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. NONE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 4 yrs
DUE TO (b) Hypertensive cardiovascular disease			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus, severe. 443X			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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Trenton		20f. COUNTY Mo.	
20g. STATE Mo.		20h. COUNTY Mo.	
21. I attended the deceased from May 1, 1959 to June 20, 59 and last saw her alive on June 19, 1959 Death occurred at 12:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. L. Clark M.D.	
22b. ADDRESS Trenton, Mo.		22c. DATE SIGNED 6-20-59	
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) BURIAL		23b. DATE June 22, 1959	
23c. NAME OF CEMETERY OR CREMATORY Maple Grove		23d. LOCATION (City, town, or county) (State) Trenton Mo.	
24. FUNERAL DIRECTOR D. Gordon Blackmon ADDRESS Trenton Mo.		25. DATE RECD. BY LOCAL REG. 6/22/59	
26. REGISTRAR'S SIGNATURE Irene Fair			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Claude H. Crandall*

Licensed Embalmer No. *4986*

P. O. Address *Trenton, N.J.*

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.