

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-040597

FILED VS NOV 17 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 532

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b YRS		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 901 N. PORTER AVE.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 901 N. PORTER AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First MORRIS Middle AARON Last COOLBAUGH						4. DATE OF DEATH Month OCTOBER Day 27 Year 1959							
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-19-1890		9. AGE (last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER				10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (City and state or country) PIERCE CITY, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME UNK				13b. MOTHER'S MAIDEN NAME UNK				14. NAME OF HUSBAND OR WIFE MAE ROBINSON COOLBAUGH					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) UNK				16. SOCIAL SECURITY NO. UNK		17. INFORMANT Address MRS. MAE COOLBAUGH, 901 N. PORTER							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion										INTERVAL BETWEEN ONSET AND DEATH INSTANT			
Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis										10 yr			
DUE TO (c) Degenerative heart disease										15 yr			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE							
21. I attended the deceased from <u>July 1st 1959</u> to <u>Oct 27, 1959</u> and last saw ^{her} him alive on <u>Oct 20</u> Death occurred at <u>9:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>James A. Graham D.D.</i>						22b. ADDRESS 118B. Frisco Bldg.			22c. DATE SIGNED 11-3-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-30-59		23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY,			23d. LOCATION (City, town, or county) JOPLIN, MISSOURI (State)						
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.					25. DATE RECD. BY LOCAL REG. 11-10-1959		26. REGISTRAR'S SIGNATURE <i>Dorice Merriam</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Chas. E. Bruce

Licensed Embalmer No. 4463

P. O. Address Opolis 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.