

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041138

FILED VS DEC 11 1959 255

Registration District No. 255 Primary Registration District No. 5821 Registrar's No. 29

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Oregon</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Alton</u> Length of stay in lb <u>6 month</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt 2</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> c. CITY OR TOWN <u>Doniphan</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Arthur</u> Last <u>Coble</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1959</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 11 1882</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>7</u> Min. <u>7</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Common</u>		11. BIRTHPLACE (City and state or country) <u>Essex, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE					
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 <u>L.W. Edwards</u> Address <u>Doniphan, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <table border="1" style="width:100%"> <tr> <td>IMMEDIATE CAUSE (a) <u>Cardiac arrest</u></td> <td rowspan="3">INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Lobar Pneumonia</u></td> </tr> <tr> <td>DUE TO (c) <u>Senile Body Changes</u></td> </tr> </table>						IMMEDIATE CAUSE (a) <u>Cardiac arrest</u>	INTERVAL BETWEEN ONSET AND DEATH	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Lobar Pneumonia</u>	DUE TO (c) <u>Senile Body Changes</u>
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DUE TO (c) <u>Senile Body Changes</u>									
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 <u>6:30</u> a.m. Month, Day, Year <u>11-10-59</u>		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>Alton Oregon Missouri</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE							
21. I attended the deceased from <u>11-10-59</u> , to <u>11-15-59</u> and last saw <u>him</u> alive on <u>11-14-59</u> Death occurred at <u>6:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Dr. W. Edwards D.O.</u>			22b. ADDRESS <u>Alton, Missouri</u>		22c. DATE SIGNED <u>11-17-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov. 17, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>					
24. FUNERAL DIRECTOR <u>Edwards Funeral Home</u> ADDRESS <u>Doniphan, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 1-59</u>		26. REGISTRAR'S SIGNATURE <u>M. W. Johnson</u>					

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

Gene A. Green

Licensed Embalmer No. 4809

P. O. Address Naylor, TN

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.