MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022264

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. _____ Registrar's No. 116

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JUL 10 1962

1. PLACE OF DEATH
a. COUNTY: CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: GRAND River Twp
Length of stay in 1b: 9 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Miles S. HARRISONVILLE
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: CASS
c. CITY OR TOWN: HARRISONVILLE
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ELMA Middle Last HOYLE
4. DATE OF DEATH: Month JULY Day 6 Year 1962
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/6/1876
9. AGE (last birthday): 85
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): Home maker
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): QUINCY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Robert Milton Combs
13b. MOTHER'S MAIDEN NAME: LIDIA ANN McGrew
14. NAME OF HUSBAND OR WIFE: JASON C. Hoyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: CLAUDE Hoyle Address: Rt 3 - Harrisonville, Mo.

MEDICAL CERTIFICATION

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):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Found by Sm Claude Hoyle at Home
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour approx 8:30 p.m. Month, Day, Year 7-6-62
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at Home 2 mi S
20f. CITY, TOWN, OR LOCATION: on 71 Harrisonville
COUNTY: Cass
STATE: Mo
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Glenn Cummins (Degree or title): Cass Co Coroner
22b. ADDRESS: Harrisonville Mo
22c. DATE SIGNED: 7-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: July 9-1962
23c. NAME OF CEMETERY OR CREMATORY: OAK Creek Cemetery
23d. LOCATION (City, town, or county) (State): Raymond Nebraska
24. FUNERAL DIRECTOR: Atkinson-Dickey ADDRESS: Harrisonville, Mo.
25. DATE RECD. BY LOCAL REG.: July 7-1962
26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0190		
2	0190		
3			
4	1		
5	2		
6			
7	1		
8	2		
9	420.1		
10			
11			
12	90-3		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

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 Robert W Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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.