MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-045737
STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 6284 Registrar's No. _____

FILED NOV 27 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1140
2 1140
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: WRIGHT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Montgomery Township — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R.F.D. — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Wright
c. CITY OR TOWN: Lynchburg, Mo. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Chalmer Middle Clark Last Coble
4. DATE OF DEATH: Month Nov. Day 13, Year 1962
5. SEX: Male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 10/5/1887
9. AGE (last birthday): 75 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Topaz, Douglas Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John M. Coble
13b. MOTHER'S MAIDEN NAME: Mary Jane Wood
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of servic[redacted]6
16. SOCIAL SECURITY NO.
17. INFORMANT: A. B. Coble — Address: Vanzant, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Arteriosis — INTERVAL BETWEEN ONSET AND DEATH: Nov Recent
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, Hypertension — Nov Recent
DUE TO (c):
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. ☐ 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 a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Nov 5 62, to Nov 13. 62 and last saw ~~her~~ him alive on Nov 13 1962
Death occurred at 430 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sel Conner MD
22b. ADDRESS: Mountain Grove MO
22c. DATE SIGNED: 11-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/16/1962
23c. NAME OF CEMETERY OR CREMATORY: Penner Cemetery
23d. LOCATION (City, town, or county) (State): Vanzant, Missouri

24. FUNERAL DIRECTOR: Ewell C. Craig — ADDRESS: Mtn. Grove, Mo.
25. DATE RECD. BY LOCAL REG.: 11/27/62
26. REGISTRAR'S SIGNATURE: Hindardwicke M.D.

(Licensed Embalmer's Statement on Reverse Side)

FEB 21 1963

MAR 11 1964

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 Everett C. Craig

Licensed Embalmer No. 4766

P. O. Address Mtn. Grove

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.