

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 2 1948

Registration District No. 137

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2023

State File No. 4625

Registrar's No. 48

1. PLACE OF DEATH:

(a) County..... Henry
 (b) City or town..... Clinton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Malony Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 6 wks.
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT
FULL NAME

Mary Helen Coale
 3. (b) If veteran,
 name war.....
 3. (c) Social Security No.
 name war.....

5. Color or
 4. Sex..... Fe race..... W
 6. (a) Single, widowed, married,
 divorced..... widow
 6. (b) Name of husband or wife.....
L. C. H. P. Coale 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased..... 9-14-1859
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 5 13 hr. min.

9. Birthplace..... Coal Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Home wife

11. Industry or business

12. Name..... George Raymond

13. Birthplace..... Vt.
 (City, town, or county) (State or foreign country)

14. Maiden name..... Lydia Augusta

15. Birthplace..... Ky.
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Edna La Rue

(b) Address..... Windsor Mo.

17. (a) Burial (b) Date thereof..... 2-27-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Good Hope

18. (a) Signature of funeral director..... Frank E. Harrison

(b) Address..... Clinton Mo.

19. (a) 2-28-48 (b) R. R. Kennedy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... Henry
 (c) City or town..... Rural (Windsor Mo.)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 12 mi S.E. of Windsor Mo.
 (If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... 2 day..... 27
 year..... 1948 hour..... 3 minute..... 15 P.M.

21. I hereby certify that I attended the deceased from
2/20 1948 to 2/27 1948
 that I last saw her alive on 2/27 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocardial degeneration

Due to Senile Dementia

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature..... Ed O'Beir MD (M. D. or other)

Address..... Clinton Mo Date signed..... 2/28/48

RECEIVED
District Health Officer No. 7
District File Number 2-48-166
Date Filed 3-1-48

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred E. Sullivan Jr.
Licensed Embalmer No. 4570
P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.