

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33990

State File No.

FILED NOV 4 1955

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> c. LENGTH OF STAY (in this place) <u>5 hours</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Municipal Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LIVINGSTON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chula - Rural - Medicine TWP.</u> d. STREET ADDRESS (If rural, give location) <u>5 mi. S.E. Chula.</u>	
---	--	--	--

3. NAME OF DECEASED (Type or Print) <u>George</u> a. (First) <u>George</u> b. (Middle) <u>William</u> c. (Last) <u>Coberley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 27 1955</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>February 20 1879</u>		9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Livingston County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jesse Coberley</u>	
13b. MOTHER'S MAIDEN NAME <u>Ina Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Iva Coberley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>✓</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Coberley Chula Mo</u>		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis, large bowel</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of prostate, metastatic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>177X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 10:47 to Oct, 1955, that I last saw the deceased alive on 27 Oct, 1955, and that death occurred at 2:20 p.m. from the causes and on the date stated above.

23a. SIGNATURE Charles M. Braden M.D. (Degree or title) 23b. ADDRESS Chillicothe, MO 23c. DATE SIGNED 28 Oct. 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/29/1955 24c. NAME OF CEMETERY OR CREMATORY plainview Cemetery 24d. LOCATION (City, town, or county) (State) Chula Missouri

DATE REC'D BY LOCAL REG. 10-28-55 REGISTRAR'S SIGNATURE Francis B. Neill 25. FUNERAL DIRECTOR'S SIGNATURE E.T. Robertson ADDRESS Funeral Home Chula

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

J M Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.