

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 336

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 2011 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>IOWA</u> b. COUNTY <u>Fayette</u>	
b. CITY OR TOWN <u>Rural</u> c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY OR TOWN <u>Oelwein</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1. Mile West Swanswick</u>		d. STREET ADDRESS (If rural, give location) <u>134 2nd S.E.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vic</u> b. (Middle) <u>Irwin</u> c. (Last) <u>Coble</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-13-1949</u>
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5. SEX <u>MD</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3-3-1900</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 DAY Hours <u>10</u>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASSISTANT MOTOR CAR FOREMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Maxcellis Michl</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HARVEY W COBLE</u>	13b. MOTHER'S MAIDEN NAME <u>ANNIS MIKEL</u>	14. NAME OF HUSBAND OR WIFE <u>MABLE COBLE</u>
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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 <u>332-09-8999</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs MABLE COBLE IOWA</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Cervical Vertebrae</u>		<u>Sudden</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull Fractures</u> DUE TO (c) <u>Concussion</u>		<u>37</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #71 - 1/2 mile West of Oelwein</u>	21c. (CITY, TOWN, OR TOWNSHIP) (STATE) <u>Oelwein Andrew MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>8 13 49 7:05 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:05 P.M., from causes listed on the above certificate.

23a. SIGNATURE <u>Ernest C. Conrad</u> (Degree or title) <u>Dr. L. Hillmore</u>	23c. DATE SIGNED <u>8-13-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-14-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LANCASTER Ind</u>	24d. LOCATION (City, town, or county) (State) <u>LANCASTER Ind</u>
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DATE REC'D BY LOCAL REG. <u>8-15-49</u>	REGISTRAR'S SIGNATURE <u>Hillward Park</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orin Funeral Home Swanswick</u>	ADDRESS <u>MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 27 1949

SEP 27 1949



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 R. Lester Bran

Licensed Embalmer No. 4472

P. O. Address Savannah 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.