

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19639

State File No. _____
Registrar's No. 236

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>0140</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>5 Mo</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Williamsburg</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shoaf Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harley</u> b. (Middle) <u>Otto</u> c. (Last) <u>Coil</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Sept. 7, 1883</u>	9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Callaway County Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Elijah Coil</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Palmer</u>		14. NAME OF HUSBAND OR WIFE <u>Nelle Coil</u>	

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 NO. <u>Dr.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W.T. Nichols Montgomery Cty Mo</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Decubitus</u>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 June 16, 1952 to June 28, 1952, that I last saw the deceased alive on June 27, 1952 and that death occurred at 12 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. P. Nichols</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>6-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 30/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>

DATE REC'D BY LOCAL REG. <u>June 28-1952</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> <u>4261</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marjorie Frances Jones Fulton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Nancy A. Stearns*.....

Licensed Embalmer No. *3722*.....

P. O. Address *Fulton Edw.*.....

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.