

Health,  
Welfare  
Public  
Service

300  
1-56

Secretary, coroner, etc. must use only standard nonreturnable information to 300 symptoms with age listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40577

STATE FILE NUMBER

FILED DEC 27 1956

43829-56

Registration District No. 37

Primary Registration District No. 5119

Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <del>Boothe</del> Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centralia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Mexico		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS 1420 N. Washington		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Randall Lee Coil			4. DATE OF DEATH Month Day Year Dec. 15 '56		
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/8/1956	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Month 5 Days 7 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Mexico, Audrain, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ralph Cooper Coil			14. MOTHER'S MAIDEN NAME Ruth Gertrude Noah		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Alfred Bishop Mexico, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fractured - crushed skull and fractured cervical vertebrae</i>					INTERVAL BETWEEN ONSET AND DEATH <i>seconds</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Highway automobile accident</i>			
20c. TIME OF INJURY Hour Month, Day, Year <i>8:15 p.m. 12/15/56</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Mo</i>	
21. I attended the deceased from <i>Coroner's Case</i> and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at _____ m on the day stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>M. J. Hinson</i>		(Degree or title)		22b. ADDRESS <i>Columbia, Mo</i>	
22c. DATE SIGNED <i>12/15/56</i>					
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE <i>12-17-56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood cemetery</i>	
				23d. LOCATION (City, town, or county) (State) <i>Mexico, Mo.</i>	
24. FUNERAL DIRECTOR <i>Predt Hueston</i>		ADDRESS <i>Mexico, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Dec 18-1956</i>	
				26. REGISTRAR'S SIGNATURE <i>Maud M. Bride</i>	

**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 *Ralph L. Hueston*  
Licensed Embalmer No. *468*

P. O. Address *Mexico*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.