

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16370

FILED MAY 28 1957

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 126

S. 300  
1-57

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>COLE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FULTON</u>		c. CITY OR TOWN <u>JEFFERSON CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STATE HOSPITAL #1</u>		d. STREET ADDRESS (If outside, give location) <u>609 Lafayette St.</u>	
Length of stay in 1b <u>Five years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>LILLIE COAPES</u>			4. DATE OF DEATH Month Day Year <u>MAY 19, 1957</u>		
--	--	--	---	--	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-30-92 1884</u>	9. AGE (In years last birthday) <u>64 72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>COLE COUNTY Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
-------------------------	----------------------------------	---	--	---	--	--	---

13a. FATHER'S NAME <u>HENRY WILLIAMS</u>	13b. MOTHER'S MAIDEN NAME <u>JENNY WILKERSON</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>	17. INFORMANT <u>State Hospital # 1, Fulton, Mo.</u>
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-Sclerotic Heart Disease</u>	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4200</u>	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---

PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bilateral inguinal Hernia</u>	
---	--

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
---	--

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
---	--	---

21. I attended the deceased from <u>STATE HOSPITAL #1</u> <u>2-18-53</u> to <u>5-19-57</u> and test to him <u>XXXXXXXXXX</u>	Death occurred at <u>11:15 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
--	--

22a. SIGNATURE (Degree or title) <u>Geo. H. Hobler, M.D.</u>	22b. ADDRESS <u>STATE HOSPITAL #1, FULTON, MO.</u>	22c. DATE SIGNED <u>5-19-57</u>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 22nd 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Longview Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR <u>Tanner Service Jefferson City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>May 20 - 1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

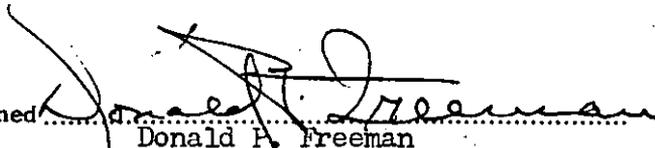
JUN 5 1957  
JUN 8 1957  
JUN 9 1957

JUN 18 1957

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   
Donald H. Freeman

Licensed Embalmer No. .... 4623 .....  
P. O. Address. Jefferson City, Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.