

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28219  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3658

300  
-57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital			Length of stay in 1b 3 yrs.		STREET ADDRESS (If outside, give location) 613 E. 25th. St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Thomas Alexander Coble				4. DATE OF DEATH Month Day Year August 3, 1957					
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 11, 1871		9. AGE (In years) 56 86 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired driller			10b. KIND OF BUSINESS OR INDUSTRY oil wells		11. BIRTHPLACE (City and state or country) New Straford, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Christ Coble			13b. MOTHER'S MAIDEN NAME Lucy Potter			14. NAME OF HUSBAND OR WIFE Mary J. Coble			
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 Elma L. Coble 613 E. 25th.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease cerebro vascular thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) generalized arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 3 yrs. 3 yrs. 332x		
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 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 July 31, 1957, to Aug. 3, 1957 and last saw her alive on Aug. 3, 1957 Death occurred at 4:10 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE E. G. Kettner (Degree or title) E. G. Kettner				22b. ADDRESS Prof. Bldg., K. C. Mo.		22c. DATE SIGNED 8-4-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 8-4-57		23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Adrian, Mo.			
24. FUNERAL DIRECTOR Six Mortuary Adrian, Mo.				25. DATE RECD. BY LOCAL REG. 8-4-57		26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



**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 .....

Licensed Embalmer No. ....

P. O. Address .....

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.