

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2399
State File No.

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 2056 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>6 Weeks</u>	c. CITY OR TOWN <u>Higbee</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>division street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CORRENAH</u> b. (Middle) <u>- BROOKS</u> c. (Last) <u>- COATES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18-1958</u>		
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 24-1868</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Joseph Lesley</u>		13b. MOTHER'S MAIDEN NAME <u>Lina Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Schlipa</u> ADDRESS <u>Shenandoah</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u>	<u>Unknown</u>
			DUE TO (c) <u>Advanced Arteriosclerosis</u>	<u>Unknown</u>
	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		20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-3, 1957, to 1-18, 1958, that I last saw the deceased alive on 1-18, 1958, and that death occurred at 11:40 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Perry Y. Robinson, D.O.</u>		23b. ADDRESS <u>Higbee Mo.</u>	23c. DATE SIGNED <u>1-20-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 20-58</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Higbee Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Mo of Higbee Mo</u>
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DATE REC'D BY LOCAL REG <u>1-20-58</u>	REGISTRAR'S SIGNATURE <u>Sheffield Lane</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H-S-Roberson</u>	ADDRESS <u>Higbee</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 *H. S. Robinson*.....

Licensed Embalmer No. *3001*.....

P. O. Address *Higbee*.....

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.