

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038759
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 002 Primary Registration District No. Registrar's No. 605

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ANDREW</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROSENDALE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ROSENDALE</u> ⁰⁰²⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:		Length of stay in 1b <u>40 yrs</u>	d. STREET ADDRESS (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 <u>John Thomas COIL</u>			4. DATE OF DEATH Month Day Year <u>Nov. 22 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 29, 1880</u> 78
9. AGE (In years at birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>STANBERRY Mo.</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>CYRUS COIL</u>	
13b. MOTHER'S MAIDEN NAME <u>FLORENCE MONTGOMERY</u>		14. NAME OF HUSBAND OR WIFE <u>OPAL 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.	17. INFORMANT Address <u>Mrs Opal Coil, Rosendale, 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>Coronary atherosclerosis</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) _____			
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 <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.) <u>334X</u>		
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <u>10-2-1957</u> to <u>11-22-1958</u> and last saw ^{her} him alive on <u>11-22-1958</u> Death occurred at <u>10:40 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>V. B. Wilson M.D.</u>		22b. ADDRESS <u>Rosendale Mo</u>	22c. DATE SIGNED <u>11-24-1958</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-26-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Flage Springs</u>	23d. LOCATION (City, town, or county) (State) <u>Flage Springs, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Breit Funeral Home, Savannah</u>		25. DATE RECD. BY LOCAL REG. <u>1-27-58</u>	REGISTRAR'S SIGNATURE <u>Lillian Spack</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8561 9 DEC 5 1958

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 *James B. Hawkins*
Licensed Embalmer No. *4536*
P. O. Address *Savannah*

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.