

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043582
STATE FILE NUMBER

JAN 13 1958 Registration District No. 74 Primary Registration District No. 4135 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chester</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>R#1 Gower</u>		Inside Limits -- Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Stewartville</u> 0320
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>M.</u> Last <u>Coe</u>			4. DATE OF DEATH Month <u>11</u> Day <u>2</u> Year <u>1958</u>		
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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"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9-26-1874</u>	9. AGE (In years last birthday) <u>84</u>	FUNDER: 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Edward Black</u>	13b. MOTHER'S MAIDEN NAME <u>not known</u>	14. NAME OF HUSBAND OR WIFE <u>W. Thomas Coe</u>
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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>no</u>	17. INFORMANT <u>Elmer Coe, Spivey, Kansas</u>	Address
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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>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u>
DUE TO (b) <u>Relethrombosis right leg</u> DUE TO (c) <u>9047 45</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured right femur — 4 weeks</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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20a. ACCIDENT <input checked="" 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>Fell in front home at St. Joseph, Mo.</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	<u>Exact time and place of injury not known because patient was treated at Sisters Hosp. St. Joseph, Mo.</u>
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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 <u>131</u>	COUNTY <u>Clinton</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>Oct. 31, 1958</u> to <u>Nov 2, 1958</u> and last saw her alive on <u>Oct. 31, 1958</u> Death occurred at <u>Nov. 2, 1958</u> <u>7:15</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>John T. Mahay MD</u> (Degree or title)	22b. ADDRESS <u>Plattsburg, Mo.</u>	22c. DATE SIGNED <u>Nov. 3, 1958</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-4-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cemty.</u>	23d. LOCATION (City, town, or county) <u>Stewartville, Mo.</u>	(State)
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24. FUNERAL DIRECTOR <u>W. E. Summersfield, Stewartville, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Pauline Chaney, Deputy</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

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 *W. E. Summerfield*

Licensed Embalmer No. *3007*
P. O. Address *Stewartville*

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.