

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016540

STATE FILE NUMBER

health,  
Welfare  
Public  
Service

300  
-57

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 70

**FILED MAY 5 1959**

1. PLACE OF DEATH  
a. COUNTY **Vernon**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jasper**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Washington Township** Inside Limits Yes  No

c. CITY OR TOWN **Carl Junction, Mo.** Inside Limits Yes  No  *0490*

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **State Hospital # 3** Length of stay in lb **3mo. 28 da.** d. STREET ADDRESS (If outside, give location) **111 South Roney** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last **Annie Jewell Coolbaugh**

4. DATE OF DEATH Month Day Year **April 25, 1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH **Nov. 27, 1908** 9. AGE (In years last birthday) **50** IF UNDER 1 YEAR Months **4** Day **29** IF UNDER 24 HRS. Hours **—** Min. **—**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and state or country) **Alma, Arkansas** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Nicules** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT (No. 3) Address **Nevada, State Hospital Records Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Coronary Occlusion**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Generalized Art. Sclerosis**

DUE TO (c) **— — — — — 4201**

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 **2 hours**

19. WAS AUTOPSY PERFORMED? YES  NO  **2**

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **Nov. 28, 1958** to **April 25, 59** and last saw her alive on **April 25, 1959**  
Death occurred at **11:10 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Paul L. Barone M.D.** 22b. ADDRESS **Nevada, Mo. State Hospital No. 3** 22c. DATE SIGNED **4-25-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **4-26-1959** 23c. NAME OF CEMETERY OR CREMATORY **local** 23d. LOCATION (City, town, or county) (State) **Baxter Springs, Kansas**

24. FUNERAL DIRECTOR ADDRESS **Hays Funeral Service, Inc. Nevada, Missouri** 25. DATE RECD. BY LOCAL REG. **4-27-1959** 26. REGISTRAR'S SIGNATURE **Anna E. Jerry**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Locar, coroner, etc. must use only standard nomenclature in item 18. 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 *Richard L. Griffin* .....

Licensed Embalmer No. *5052* .....  
P. O. Address *St. Louis, Mo.* .....

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.