

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018560

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 231

Primary Registration District No.

Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY OR TOWN Skidmore Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Skidmore Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 07 d. d. STREET ADDRESS 0 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Mabel Middle A. Last Coston		4. DATE OF DEATH Month 5 Day 6 Year 1959	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-17-1899
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and state or country) Skidmore Mo
10b. KIND OF BUSINESS OR INDUSTRY Home-own		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wm. M. Taylor		13b. MOTHER'S MAIDEN NAME Mattie Cottrel	
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. unknown	
17. INFORMANT Frank Coston		Address Skidmore, Mo-	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain laceration + fractured fracture DUE TO (b) Shot gun wound DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976X			INTERVAL BETWEEN ONSET AND DEATH instant
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted shot-gun wound	
20c. TIME OF INJURY Hour 1 a.m. 56 Month 5 Day 6 Year 1959		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Skidmore Nodaway MO	
20g. COUNTY Nodaway		20h. STATE MO	
21. I attended the deceased from _____, to 5/6/59 and last saw her alive on _____ Death occurred at _____ A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. A. Byland MD		22b. ADDRESS Maryville MO	
22c. DATE SIGNED 5/7/59			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-8-1959	
23c. NAME OF CEMETERY OR CREMATORY Wickert Cem		23d. LOCATION (City, town, or county) (State) Skidmore Mo.	
24. REGISTER'S ADDRESS Don Stehler Maryville Mo.		25. DATE RECD. BY LOCAL REG. 5-9-59	
26. REGISTRAR'S SIGNATURE Bess Holt			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 14 1959

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 *J M Alekisa*

Licensed Embalmer No. *3279*
P. O. Address *Maryville*

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.