DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 8 1960

60-020018
STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 125

ENDED

1. PLACE OF DEATH
a. COUNTY LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FLORENCE REST HOME
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY LINN
c. CITY OR TOWN MARCELINE
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) FLORENCE REST HOME
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Roger Middle C Last Coley
4. DATE OF DEATH Month JUNE Day 3 Year 1960
5. SEX MALE
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH 9-28-1896
9. AGE (last birthday) 63
IF UNDER 1 YEAR Months 8 Days 3
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROADER
10b. KIND OF BUSINESS OR INDUSTRY Retired Cond.
11. BIRTHPLACE (City and state or country) Meadville Mo.
12. CITIZEN OF WHAT COUNTRY Mo.
13a. FATHER'S NAME UNKNOWN
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) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT HAZEL ALCOTT Address FT. MADISON IA.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Uremia — 5 dz
DUE TO (c) Arteriosclerotic Heart disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 a.m. p.m. Month, Day, Year
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 2-17-56, to 6-3-60 and last saw her/him alive on 6-3-60
Death occurred at 8:02 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Otis Carr (Degree or title) D.O.
22b. ADDRESS 124 W. Ritchie, MARCELINE MO.
22c. DATE SIGNED 6-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-4-60
23c. NAME OF CEMETERY OR CREMATORY Mt. OLIVET CEM
23d. LOCATION (City, town, or county) MARCELINE (State) Mo.

24. FUNERAL DIRECTOR Miller-Tillotson ADDRESS MARCELINE
25. DATE RECD. BY LOCAL REG. 6-4-60
26. REGISTRAR'S SIGNATURE Brownie Owens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 22 1960

JUN 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lillian K. Tidal

Licensed Embalmer No. 450

P. O. Address Marcela

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.