

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5489

State File No.

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5796 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Monticau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Monticau</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>rural Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walker</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1/4 mi. n. of California Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 mi. north of California Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>RUSSEL</u> c. (Last) <u>COALE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 11, 1871</u>
9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
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 (State or foreign country) <u>Monticau Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Isaac Temple Coale</u>		13b. MOTHER'S MAIDEN NAME <u>Eglina Hume</u>	14. NAME OF HUSBAND OR WIFE <u>Etta Mae Jobe Coale</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Booker Coale</u> ADDRESS <u>California Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>with myocardial degeneration</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>		1 + yrs. <u>4 1/2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Walker Monticau Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July, 1949</u> , to <u>March 1, 1950</u> , that I last saw the deceased alive on <u>March 1, 1950</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. S. Fisher MD</u> (Degree or title)		23b. ADDRESS <u>California, Mo.</u>	
23c. DATE SIGNED <u>3-2-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-4-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Flag Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Monticau Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>3/3/50</u>		REGISTRAR'S SIGNATURE <u>A. R. Popovoy</u> 202	
FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u>		ADDRESS <u>California Mo.</u>	

(If used Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

MAR 10 1950

RECEIVED MAR 8 1950
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.