Dept. Health, Educ. & Welfare U.S. Public Health Service

S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017037
STATE FILE NUMBER

FILED JUN 11 1959 Registration District No. 59 Primary Registration District No. ____ Registrar's No. 101

Field	Entry
1. PLACE OF DEATH a. COUNTY	Cass
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only)	Garden City — Inside Limits: Yes [x] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location)	/
Length of stay in 1b	25 yrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	Missouri
b. COUNTY	Cass
c. CITY OR TOWN	Garden City — Inside Limits: Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location)	
Reside on Farm	Yes [ ] No [x]
3. NAME OF DECEASED (Type or print) First / Middle / Last	Robert Seymour Coe
4. DATE OF DEATH Month / Day / Year	6 4 1959
5. SEX	Male
6. COLOR OR RACE	White
7. MARRIED [x] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	Married
8. DATE OF BIRTH	May 7, 1874
9. AGE (In years last birthday)	85
IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY	Farming
11. BIRTHPLACE (City and state or country)	Creighton, Missouri
12. CITIZEN OF WHAT COUNTRY?	U.S.A.
13a. FATHER'S NAME	David Coe
13b. MOTHER'S MAIDEN NAME	Hattie Parsons
14. NAME OF HUSBAND OR WIFE	Birdie Lee Coe
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	no
(If yes, give war or dates of service)	no
16. SOCIAL SECURITY NO.	495-07-0998
17. INFORMANT / Address	Mr. Horace Coe, Odessa, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Failure	30 m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral vascul Thrombosis	1 mo-
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	332x	

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x]

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 Jan 50, to May 31 59 and last saw him alive on May 31 59
Death occurred at 2 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R H McCaz [signature]
22b. ADDRESS Garden City Mo
22c. DATE SIGNED 6/5 59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	June 6, 1959	Garden City Cemetery	Garden City, Missouri

24. FUNERAL DIRECTOR / ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Atkinson-Hidy, Garden City Mo.	6-7-59	Mrs Ray Sebree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Physicians, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 18 1959

KANSAS COUNTY HEALTH DEPARTMENT

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 Billy J. Sisley

Licensed Embalmer No. 4685

P. O. Address Garden City, Kans.

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.