

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18807  
Do not use this space.

1. PLACE OF DEATH

(a) County Macon 1 Registration District No. 533  
 (b) Township Hudson Primary Registration District No. 5713 Registered No. 36  
 (c) City..... (d) Street No.....  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Coonfield 514

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ok

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 ✓ ✓

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Labourer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year).....  
 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co., Mo.

FATHER 13. NAME.....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No family records

MOTHER 15. MAIDEN NAME.....  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS) Mr Lawrence Grimm Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem DATE 5-27-38

19. FUNERAL DIRECTOR (ADDRESS) Stephens Gooding Macon, Mo.

20. FILED 6/8 1938 Leo S. Newland Local Registrar. 476

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1938

22. I HEREBY CERTIFY, That I attended deceased from May 26 1938, to May 26 1938

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....10 P.M.

The principal cause of death and related causes of importance were as follows:

Accidentally killed by being hit by automobile neck broke the left leg in ankle joint the right leg broke above knee  
 Date of onset  
 Other contributory causes of importance:  
1/2 in cut on back of head also chest crushed

Name of operation..... none Date of.....  
 What test confirmed diagnosis? obscuration Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide: Accident Date of injury May 25 1938  
 Where did injury occur? on 36 highway west of Macon, Mo.  
 (Specify city or town, county, and State) Macon, Mo.  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Automobile  
 Nature of injury..... as stated above

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) Lowell Coover, M. D.  
 (Address) New Columbia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, O. L. Stephens, Licensed Embalmer No. 3057

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

No. 3057 L. E. or by

working under my personal supervision. Registered Apprentice No.

Signed O. L. Stephens  
Licensed Embalmer No. 3057

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.)