

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**21595**  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Crawford Registration District No. 231

(b) Township Wagon Primary Registration District No. 4141

(c) City Stanhille mo. or (d) Street No. \_\_\_\_\_ 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. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Miss Dora E. Coffman

(a) Residence, No. Stanhille mo. 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 <u>F.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edgar Coffman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21 1864</u>		
7. AGE	YEARS <u>76.</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Pontic</u> 1 <u>Ohio</u>	
	13. NAME <u>James Eckles</u> 1	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Port Knowl</u> 1 <u>Pa.</u>	
	15. MAIDEN NAME <u>Eligia Skidmore</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Port Knowl</u> 1 <u>Maryland</u>	
17. INFORMANT (ADDRESS) <u>Miss M. H. Skidmore</u> <u>Stanhille mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wagon Hill mo</u> DATE <u>June 26 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wagon Hill mo</u> <u>Stanhille mo.</u>		
20. FILED <u>7-8</u> 19 <u>40</u> <u>Ed. Schaefer</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1940, to 6-24 1940

I last saw her alive on 6-17 1940. Death is said to have occurred on the date stated above, at 6 a. m.

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

Yantraemia of  
arterioles both pul  
and leg

Date of onset

Other contributory causes of importance: 97  
arterio. sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. B. Jones M. D.  
 (Address) Stanhille mo

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

**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.....

....., Registered Apprentice No.....

**RECEIVED**

working under my personal supervision.  
District Health Officer No: 5,

District File Number 740 758

Date Filed 7/1/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**