

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 198

FILED JUN 11 1942

Registration District No. 668

Primary Registration District No. 5891

1. PLACE OF DEATH

(a) County Pettis  
 (b) City or town Great Creek Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Spring Fork, R 7 D # 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 26 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80  
 (c) City or town Spring Fork 80  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R 7 D # 1  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
 year 1942 hour 12 minute 20 P.M.  
 21. I hereby certify that I attended the deceased from April 15  
 1942, to May 23 1942  
 that I last saw h. er alive on May 20 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Uremia - Duration 20 days.  
 Due to Cardio-Nephritic ?  
 Due to \_\_\_\_\_ ?  
 Other conditions Arterio-Sclerosis ?  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations None  
 Of autopsy None  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury 0  
 23. Signature Dr. B. Ouellet M.D. (M. D. or other) 0  
 Address Pettis Mo - Date signed 5-25-42

3. (a) PRINT FULL NAME Mary E. Coffman

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race wh. 6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife Frankly 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 18 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Arrow Rock Mo  
(City, town, or county) (State or foreign country)

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name Alvin Parks

13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Whitcomb

15. Birthplace 2nd. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Coffman

(b) Address Spring Fork Mo.

17. (a) Burial (b) Date thereof 5-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Geo Bethel

18. (a) Signature of funeral director Geo Bethel

(b) Address Pettis Mo

19. (a) 5/25/42 (b) Mrs. Anna Berger  
(Date received local registrar) (Registrar's signature)

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

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RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-10-42.....

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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.....  
working under my personal supervision.

Signed L. E. Boulalin.....

Licensed Embalmer No. 3867.....

P. O. Address Sealelin 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.**