

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 1944

Primary Registration District No. 5578

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Paris, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Lakeside - Near West City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 4 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

In this community _____ years, months or days)
3. (a) PRINT FULL NAME William Riddle Coffey
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12 year 1944 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1927
(Month) (Day) (Year)

Immediate cause of death Drowning Duration _____
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
17 1 25 hr. _____ min. _____

9. Birthplace Barren County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business High School

12. Name Hubert Coffey

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

14. Maiden name Frances Irene Riddle

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Hubert Coffey

(b) Address Rt # 4 Carthage

17. (a) Burial (b) Date thereof May 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Walt Coffey

(b) Address Walt Coffey

19. (a) May 15, 1944 (b) Mrs. Lillian Ragle
(Date registered local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 183-3

Major findings: Of operations 3/6

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 12, 44

(c) Where did injury occur Center Creek Jasper Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in Center Creek (Specify type of place)

While at work? Yes (c) Means of injury drowning

23. Signature P. H. Webster (M. D. or other)

Address Carthage Mo Date signed May 13

44-5-477

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed Clayton M Johnston

Licensed Embalmer No. 4204

P. O. Address. Webb City, 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.