

FILED OCT 10 1944  
128

Registration District No. \_\_\_\_\_

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**O'Reilly General Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
(Specify whether  
In this community **7 days**  
years, months or days)

3. (a) PRINT FULL NAME **VIRGIL W COFFEY**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **1146-01-8351**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dolly Cravens Coffey** 6. (c) Age of husband or wife if alive **UNK** years

7. Birth date of deceased **September 25 1919**  
(Month) (Day) (Year)

8. AGE: Years **24** Months **11** Days **28** If less than one day hr. -- min.

9. Birthplace **Ava Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

11. Industry or business **---**

MOTHER FATHER { 12. Name **William Wesley Coffey**

13. Birthplace **Ozark County Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Florence Morris**

15. Birthplace **Wright County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Dolly Coffey**

(b) Address **911 So. Price - Hominy Okla**

17. (a) **Removal** (b) Date thereof **23 Sept 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hominy, Oklahoma**

18. (a) Signature of funeral director **H.H. Lohmeyer**

(b) Address **Springfield, Mo.**

19. (a) **9-23-44** (b) **J. W. Haidley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Oklahoma** (b) County **Osage**  
(c) City or town **Hominy**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **911 South Price**  
(If rural, give location)  
(e) Citizen of foreign country? **---** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22**  
year **1944** hour **12** minute **45** A. M.

21. I hereby certify that I attended the deceased from **September 16**  
19 **44** to **21 September** 19 **44**  
that I last saw him alive on **21 September** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Edema of brain** **12 hours**  
secondary to operation for removal  
of brain tumor

Due to **Brain, tumor of, pinealoma, malignant** **4 weeks**

Due to **---**

Other conditions **---**  
(Include pregnancy within 8 months of death)

Major findings: **Pinealoma, malignant**

Of operations **---**  
Of autopsy **Confirmation of above diagnoses**

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) **---**  
(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?  
**---**

While at work? **---** (Specify type of place) (e) Means of injury **---**

23. Signature **Francis J. Haidley** (M. D. or other) **MD**  
Address **O'Reilly GH, Springfield, Mo** Date signed **9-22-44**

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

39  
2  
6

A report submitted to the Bureau of the Census.

NOV 20 1944

OCT 19 1944

JAN 29 1954

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 *H. Deane Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.