

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17414  
Registrar's No. 28

Registration District No. 3044  
Primary Registration District No. 3044

1. PLACE OF DEATH:  
(a) County Miller  
(b) City or town Eldon  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Miller 66  
(c) City or town Eldon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Hiram Coffman  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Maggie Riffle Coffman  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 6 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 2 18 hr. min.

9. Birthplace Morgan, Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Hiram Coffman  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Eary Ann Hart  
(City, town, or county) (State or foreign country)  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Wesling  
(b) Address Tampa, Florida

17. (a) Burial (b) Date thereof 5-26-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Partick (Morgan Co)  
18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Eldon, Missouri

19. (a) 5-25-46 (b) Oliveretta Walt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1946 hour 2 minute P. M.  
21. I hereby certify that I attended the deceased from March 15 1946  
2 1946 to May 24 1946  
that I last saw him alive on May 23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis & myocardial degeneration. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to Generalized arteriosclerosis.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 930  
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 E. Shelton (M. D. or other) M.H.  
Address Eldon Date signed May 25 1946

16295  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-5-46

1946 JUN 7 2 1946

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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.....

Louis D. Phillips....., Registered Apprentice No.....

working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address. Eldon

**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.**