S. No. 2
0M—2-43
ev. 5-17-39
Form 1 X38697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37705

Primary Registration District No. 2000

Registrar's No. 977

1. PLACE OF DEATH:
(a) County: Green
(b) City or town: Springfield Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster 112
(c) City or town: Seymour Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location)
(e) Citizen of foreign country: (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CHARLES H. CODDINGTON
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nellie Coddington
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Aug (Month) 9 (Day) 1872 (Year)

8. AGE: Years 75 Months 3 Days 3 If less than one day hr. min.

9. Birthplace: Ind. (City, town, or county) (State or foreign country)
10. Usual occupation: Cafe Operator
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant: Nellie Coddington
(b) Address: Seymour Mo
17. Burial (Burial, cremation, or removal) (b) Date thereof: 11-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Seymour Cemetery
18. (a) Signature of funeral director: Kelley, Lenell, Bergman
(b) Address: Seymour Mo.
19. (a) 11-14-47 (Date received local registrar) (b) W. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 12 year 1947 hour 8 minute 35 A.M.
21. I hereby certify that I attended the deceased from 7 Nov, 1947, to 12 Nov, 1947, that I last saw him alive on 12 Nov, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia, all lobes secondary to
Due to: Fracture, right Femur
Due to: Pt was diag Carcinoma of liver at Columbia. No other intervention avail. Also had a hemiparesis.
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: None
Of autopsy: None

Duration

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): Accident 812
(b) Date of occurrence: 3 Nov 47
(c) Where did injury occur? Seymour Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? (Specify type of place) (e) Means of injury: Fall out of bed
23. Signature: Stanley S. Peterson (M. D. or other) MD
Address: Springfield, Mo Date signed: 14 Nov 47

(Licensed Embalmer's Statement on Reverse Side)

47

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 K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland 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.