FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 12 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26590

Registration District No. 128 — Primary Registration District No. 5-447 — Registrar's No. 35

1. PLACE OF DEATH:
(a) County Gentry Co
(b) City or town Rural - Howard Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 yrs
years, months or days)

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

3. (a) PRINT FULL NAME CHARLES FRANCIS COFFING
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 15 (Day) 1881 (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	1	20	hr. min.

9. Birthplace Gentry Co (City, town, or county) MO (State or foreign country)
10. Usual occupation Farmer
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 Walter Jones
(b) Address Denver MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7-1949 (Month) (Day) (Year)
(c) Place: burial or cremation Miller Cemetry
18. (a) Signature of funeral director Brian Bros
(b) Address Denver MO
19. (a) Aug 30-49 (Date received local registrar) (b) Mrs Edith Childs (Registrar's signature) 4 30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1949 hour / minute M.
21. I hereby certify that I attended the deceased from Aug 1, 1949, to Aug 5, 1949
that I last saw him alive on Aug 5, 1949;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1 hour
Due to	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	4
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Charles N Williamson (M. D. or other) DO
Address Gentry MO Date signed Aug 17-49

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 6 1948
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 John Andrews, Registered Apprentice No. ..... working under my personal supervision.

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant 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.