

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27671

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Polk Township</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bolivar</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi. North of Bolivar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. North of Bolivar</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi. North of Bolivar</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Philip</u> c. (Last) <u>Coffelt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 24 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 11 1866</u>
9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	11. UNDER 1 MIN. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Dallas County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry Coffelt</u>		13b. MOTHER'S MAIDEN NAME <u>Elsa Simmons</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha Jane Coffelt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give date of service) <u>None</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Jane Coffelt</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u> ANTECEDENT CAUSES DUE TO (b) <u>Thrombotic encephalomalacia</u> <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arterio-sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>High Blood Pressure</u> <u>of aorticus.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-15</u> , 19 <u>49</u> , to <u>8-24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8-24</u> , 19 <u>49</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. H. Dumbauld</u>		23b. ADDRESS <u>Bolivar, Mo.</u>	
23c. DATE SIGNED <u>8-26-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 28, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bolivar Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Gardner</u>	
25. ADDRESS <u>258</u>		26. ADDRESS <u>Greenwood Blue Bolivar, Mo.</u>	

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

RECEIVED

District Health Officer No. _____

District File Number 8-49-100

Date Filed 9-7-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Wilford B. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 3092

P. O. Address Belvoir, 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.