

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29168**

FILED OCT 14 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **5001** Registrar's No. **287**

1. PLACE OF DEATH a. COUNTY <b>ADAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ADAIR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>1/2 M. N.E. OF ADAIR</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b> b. (Middle) <b>HALL</b> c. (Last) <b>COFFEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 29 1949</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 1. 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>DANIEL J. HALL</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH DRUMMOND</b>		14. NAME OF HUSBAND OR WIFE <b>JAMES H. COFFEY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JOSEPH COFFEY BRASHEAR MO</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>nephritis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Stroke of paralysis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Advanced years</b>		INTERVAL BETWEEN ONSET AND DEATH <b>33 IX</b>
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) (Min.)		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 Jan, 1938, to Aug, 1949, that I last saw the deceased alive on Aug 26, 1949, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. F. Kennedy M.D.</b>		23b. ADDRESS <b>Kirkville, Mo. R3</b>		23c. DATE SIGNED <b>10-1-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>AVG 31. 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ADAIR CATHOLIC</b>	
24d. LOCATION (City, town, or county) (State) <b>ADAIR MO</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Leola E. ...</b>		24f. ADDRESS	

DATE REC'D BY LOCAL REG. <b>10-4-49</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leola E. ...</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 30 1957

RECEIVED OCT 10 1949  
District Health Officer No. 10  
District File Number 10-49-1730  
Date Filed OCT 10 1949

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.

Student .....  
Student Embalmer

Signed Gertrude Easley Jr

Licensed Embalmer No. 3753

P. O. Address Hurdlow Md

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.