

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Coffelt
State File No. 36906

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1020			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield)		c. LENGTH OF STAY (If in place) Life		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Springfield)		39 2 6			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1405 E. McDaniel				d. STREET ADDRESS (If rural, give location) 1405 E. McDaniel					
3. NAME OF DECEASED (Type or Print)		a. (First) Ellen		b. (Middle) Jane		c. (Last) Jackson			
4. DATE OF DEATH		(Month) Nov.		(Day) 21		(Year) 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 1962			
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 2 WKS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Greene County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jason Fielder			13b. MOTHER'S MAIDEN NAME Elizabeth Estes			14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie West Springfield, Mo.					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular Fibrillation				ANTECEDENT CAUSES				5 months	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arteriosclerotic Heart Disease				5 months	
				DUE TO (c) Right Hemiparesis				4 2/3	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				5 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Oct 16, 1949 , to Nov 21, 1949 , that I last saw the deceased alive on Nov 10, 1949 , and that death occurred at 1:20 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE Jenneth C. Coffelt (Degree or title) M.D.				23b. ADDRESS Springfield Mo				23c. DATE SIGNED 11-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-49		24c. NAME OF CEMETERY OR CREMATOR Danforth		24d. LOCATION (City, town, or county) (State) Near Springfield, Mo.			
DATE REC'D BY LOCAL REG. 11-21-49		REGISTRAR'S SIGNATURE W.E. Hawley		25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer		ADDRESS Springfield, Mo.			

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

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.....

Gene Johnson

Signed.....

Student Embalmer

Licensed Embalmer No.

47034

P. O. Address.....

Spokane, 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.