

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7864

State File No. ....

01472  
2

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 2008 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Moni teau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs 92 20 20 25</u>		d. STREET ADDRESS (If rural, give location) <u>unk</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>-</u> c. (Last) <u>Coffman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 13 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>18 April 1856</u>
9. AGE (In years: last birthday) <u>93</u>		# UNDER 1 YEAR Months <u>10</u>	# UNDER 1 YEAR Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>River Work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>	14. NAME OF HUSBAND OR WIFE <u>unk</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital Records Fulton, MO</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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>4 2 2 2</u>		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 <u>13 March, 1950</u> , to <u>13 March, 1950</u> , that I last saw the deceased alive on <u>13 March, 1950</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. S. Warwick</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fulton, Mo</u>	
23c. DATE SIGNED <u>13 March 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>3/16/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Our Lord and Saviour Rest</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 13-1950</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> 426	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Boulin</u>		ADDRESS <u>California, Mo</u>	

-----District File Number-----

District Health Officer No. 9,

RECEIVED MAR 20 1960

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Edward R. Paulin*

Licensed Embalmer No. *2126*

P. O. Address *California, etc.*

**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.