

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 11861

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 34

0061

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

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAMAR</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAMAR</b>	
c. LENGTH OF STAY (in this place) <b>20 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>1601 GULF</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>			
3. NAME OF DECEASED a. (First) <b>LULA</b> b. (Middle) <b>MAY</b> c. (Last) <b>COFFIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APR 27 1950</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>JUNE 13 1889</b>
9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Months Days	IF UNDER 4 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 <b>OWN HOME</b>	11. BIRTHPLACE (State or foreign country) <b>BUTLER, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>US</b>			
13a. FATHER'S NAME <b>H. A. WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>BETTY SLEDGE</b>	14. NAME OF HUSBAND OR WIFE <b>FRED L. COFFIN</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO XXX</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>FRED L. COFFIN</b> ADDRESS <b>LAMAR, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ventricular fibrillation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>arterial Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Damnicious anemia</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>Apr. 23, 1950</b> <b>4:20 P</b> <b>10 yrs</b> <b>6 yrs</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 <b>March, 1939</b> , to <b>Apr. 27, 1950</b> , that I last saw the deceased alive on <b>Apr. 27, 1950</b> , and that death occurred at <b>6:45 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Jern T. Bichel, MD.</b>		23b. ADDRESS <b>Lamar, Missouri</b>	23c. DATE SIGNED <b>4/29/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 1 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAKE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LAMAR, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>MAY 1 - 1950</b>	REGISTRAR'S SIGNATURE <b>Marie Konantz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>KONANTZ FUNERAL HOME,</b> ADDRESS <b>LAMAR, MISSOURI</b>	

RECEIVED MAY 8 1950

District Health Office No. 6,

District File Number 550-549

Date Filed 5-8-50

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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

*Walter J. Konantz*

Signed.....

Student Embalmer

Licensed Embalmer No. 4773

P. O. Address Lamar, Missouri

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.