

FILED JUN 12 1950

STANDARD CERTIFICATE OF DEATH

State File No.

15813

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Barry</u>	
b. CITY OR TOWN <u>Cassville,</u>		c. CITY OR TOWN <u>Exeter,</u>		c. LENGTH OF STAY (In this place) <u>1 month</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>			b. (Middle)			c. (Last) <u>COFFEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/ 22/ 50</u>		
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5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>3/ 25/ 1873</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>grocery store</u>			11. BIRTHPLACE (State or foreign country) <u>Kentucky /</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>Henry Coffey</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Rogers</u>			14. NAME OF HUSBAND OR WIFE <u>Francis Coffey (Dec'd)</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Tom Coffey</u>		ADDRESS <u>Exeter, Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>						<u>1 1/2 hours</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>						<u>3 years</u>	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>443X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from May 21, 1950, to Apr. 27, 1950, that I last saw the deceased alive on Apr. 27, 1950, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. McDaniel M.D.</u>		(Degree or title)		23b. ADDRESS <u>2 Cassville, Mo.</u>		23c. DATE SIGNED <u>5-21-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/ 24/ 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 3-1950</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Koon</u>		ADDRESS <u>Cassville, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0501

RECEIVED JUN 5 1950
District Health Office No. 6,
District File Number 650-641
Date Filed 6-3-50

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 W. C. Koon

Signed.....
Student Embalmer

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.