

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17723

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <u>Jhelms</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Walton Twp.</u>	
c. LENGTH OF STAY (in this place) <u>3 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>Near Berryman mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Hospital</u>			
3. NAME OF DECEASED a. (First) <u>James</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1950</u>	
b. (Middle) <u>A.</u>		c. (Last) <u>Coffman</u>	
5. SEX <u>male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	
6. COLOR OR RACE <u>white</u>		8. DATE OF BIRTH <u>Nov. 19 1888</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
		9. AGE (In years last birthday) <u>61</u>	
		11. BIRTHPLACE (State or foreign country) <u>Palmer mo.</u>	
		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>(deceased)</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>2</u>		16. SOCIAL SECURITY NO. <u>3</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Haffer</u>		ADDRESS <u>Berryman 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatitis</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>Premature Senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. 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>Feb. 11</u> , 19 <u>50</u> , to <u>May 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 14</u> , 19 <u>50</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Widney McFarland</u>		23b. ADDRESS <u>Rolla mo.</u>	
23c. DATE SIGNED <u>5-15-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-16-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Courtain</u>		24d. LOCATION (City, town, or county) (State) <u>Crawford Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-17-50</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	
380		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u>	
		ADDRESS <u>Potosi mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-46

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 5-24-50

JUN 2 1950

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

*Murphy L. Spinks*

Licensed Embalmer No.

*4336*

P. O. Address

*Flat River, 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.