

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23867

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Valle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Valle</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Rt. 3, DeSoto, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DeSoto, R.F.D.</u>			

3. NAME OF DECEASED (Type or Print) <u>Leslie Lloyd Coffman</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1950</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>Single</u>	8. DATE OF BIRTH <u>Apr. 29, 1928</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>22</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Who. Bakery</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Wm. H. Coffman</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Shennard</u>	14. NAME OF HUSBAND OR WIFE <u>None</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>496-30-6502</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Coffman Rt. 3, DeSoto, Mo.</u>	ADDRESS
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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 <u>24</u> <u>90</u> <u>30</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SKULL INJURIES</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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>050</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> Hwy 21</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DESOTO JEFFERSON MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JULY 14 1950 4:14</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>AUTO MOBILE TURNING OVER</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to 14 JULY, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ronald J. Mohr</u>	(Degree or title)	23b. ADDRESS <u>De Soto, Mo</u>	23c. DATE SIGNED <u>7/14/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/17/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>DeSoto, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-18-50</u>	REGISTRAR'S SIGNATURE <u>Marie Larrin</u>	146	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Matherhead</u>	ADDRESS <u>De Soto, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 24 1950

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JUL 28 1950

DATE RECEIVED 7-19-50

JUL 24 1950

APR 11 1951

AUG 23 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

Andrew H England

Licensed Embalmer No.

47045

P. O. Address

De Soto, 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.