

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30104**

0402

BIRTH NO. 57343-50 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) SPICKARD 0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION GULLER'S HOSP.		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) MARIE c. (Last) COFFMAN			4. DATE OF DEATH (Month) (Day) (Year) AUG 8 1950		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
8. DATE OF BIRTH AUG-8-1950			9. AGE (In years last birthday) 30		10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO.

13a. FATHER'S NAME ALBERT COFFMAN		13b. MOTHER'S MAIDEN NAME ETHEL VAUGHN		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ETHEL COFFMAN ADDRESS SPICKARD MO	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital syphilis			INTERVAL BETWEEN ONSET AND DEATH 0202
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mother has 4+			
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE (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)		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 Aug 8, 1950, to Aug 8, 1950, that I last saw the deceased alive on Aug 8, 1950, and that death occurred at 1030 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS Trenton Mo.		23c. DATE SIGNED 8-9-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-9-1950		24c. NAME OF CEMETERY OR CREMATORY MARTIN CEM.		24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.	
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DATE/REC'D BY LOCAL REG. 8/9/50		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Spickard Mo.	
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(Licensed Embalmers' Statement on Reverse Side)

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



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 Ross Wise.....

Licensed Embalmer No. 3771.....

P. O. Address Spickard 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.