

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41460

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3707 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN <u>Rural - St. Michaels Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR: TOWN <u>Rural - St. Michaels Township</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Village of Mill Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Village of Mill Creek</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wiley</u> b. (Middle) <u>Columbus</u> c. (Last) <u>Coffey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 3, 1892</u>
9. AGE (In years last birthday) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer - retired</u>	11. BIRTHPLACE (State or foreign country) <u>Granger County Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE	

13a. FATHER'S NAME <u>James A. Coffey</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Walton</u>	14. NAME OF HUSBAND OR WIFE <u>Belle Coffey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Belle Coffey</u> ADDRESS <u>Mill Creek, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA - (lobar)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>49.0x</u>
	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	

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 Apr 25, 1950, to Aug 15, 1950, that I last saw the deceased alive on Aug 15, 1950, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>George W. Johnson</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Fredericktown, Mo.</u>	23c. DATE SIGNED <u>12-11-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>
24d. LOCATION (City, town, or county) (State) <u>Madison County, Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>WEBB-ADAMS & CO., INC.</u> ADDRESS <u>Fredericktown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-18-50</u>	REGISTRAR'S SIGNATURE <u>L. Florence Hicks</u>	187

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

620

RECEIVED
DEC 23 1950
RECEIVED

FILE No. 1250-44

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, city.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Lyman H. Spink

Licensed Embalmer No. 4013.....

P. O. Address Fredricktown, 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.