

5. No. 300
v. 10.48

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7472

0070

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 4033		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Orland			b. (Middle) L.		c. (Last) Coffin		4. DATE OF DEATH (Month) (Day) (Year) Mar. II, 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-26-1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 0 Days 10	IF UNDER 12 HRS. Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Muncie Ind. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jordan Coffin			13b. MOTHER'S MAIDEN NAME Caroline McCaully		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic lobar pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal TIU DUE TO (c) Mitral Stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours 482X 3
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. 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) (Min.)		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 July 1947 , to March 11, 1951 , that I last saw the deceased alive on March 11, 1951 and that death occurred at 8:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. D. Scherut D.O.			23b. ADDRESS Amoret Mo.		23c. DATE SIGNED March 12-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-13-51	24c. NAME OF CEMETERY OR CREMATORY. Benjamin		24d. LOCATION (City, town, or county) (State) Amoret Mo.		
DATE REC'D BY LOCAL REG. March 13-1951		REGISTRAR'S SIGNATURE Randall Kory		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A rcher Mangold Amstrdam Mo.			

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-20-51 _____

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

L.G. Mangold

Licensed Embalmer No. 3610 _____

P. O. Address Amsterdam, 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.