

RECORDED JUL 8 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21098

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived; If institution, residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Appleton City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vista.</b> 1930	
c. LENGTH OF STAY (In this place) <b>2 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Ellett Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bonnie</b> b. (Middle) <b>Coffey</b> c. (Last) <b>Coffey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 18 51</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 29, 1887</b>	9. AGE (In years last birthday) <b>63</b>	# UNDER 1 YEAR <b>10</b> # UNDER 1 MRS. <b>29</b> Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Elkton, Missouri</b> 0	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Lidge Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Eleen Coon</b>	14. NAME OF HUSBAND OR WIFE <b>Estle</b>
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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) -----	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Estle Coffey, Vista, Mo.</b>	ADDRESS <b>Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Scrub fracture</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic injury of chest with multiple rib fracture</b> DUE TO (c) <b>0</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>6802 X 35</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 13, 50 S. Appleton</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Clair Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 18 51 3:30 p</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Struck by train at crossing</b>
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22. I hereby certify that I attended the deceased from **18 June 1951**, to **18 June 1951**, that I last saw the deceased alive on **18 June 1951**, and that death occurred at **4:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. T. Ellett, M.D.</b> (Degree or title)	23b. ADDRESS <b>Appleton City, Mo</b>	23c. DATE SIGNED <b>23 June 51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/22/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Osceola Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Osceola, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 25 1951</b>	REGISTRAR'S SIGNATURE <b>Mrs. Oles Abney</b> 285	25. FUNERAL DIRECTOR'S SIGNATURE <b>Primm Funeral Home, Humansville</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730

RECEIVED 7-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 7-7-51 .....

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 *O. H. Beakwith* .....

Licensed Embalmer No. *3937* .....

P. O. Address *Humanside 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.