

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29297

State File No.

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

FILED SEP 10 1951

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon 1082</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Twp</u>		c. LENGTH OF STAY (In this place) <u>39-2-18</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diamond</u>		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) <u>Ermina</u>		a. (First)		b. (Middle) _____		c. (Last) <u>Stinson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 26 1951</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>1858</u>		9. AGE (In years last birthday) <u>93</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Heron Coffman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Hart</u>			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) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lydia Coffman</u> ADDRESS <u>Joplin 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gall Bladder Infection</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION <u>✓</u>		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) _____	
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 <u>6-1-</u> , 19 <u>46</u> , to <u>8-26-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-26-</u> , 19 <u>51</u> , and that death occurred at <u>4:00</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Bunch M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital # 3.</u>		23c. DATE SIGNED <u>8-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 26 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-27-51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve PARKER</u> ADDRESS <u>Joplin MO</u>			

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 4 1951

Dist. File 9-21-1626
Date Filed 9-6-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed W M Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.