

STANDARD CERTIFICATE OF DEATH

36116

State File No.

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural New Boston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural New Boston</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>Advance, Mo. R-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Advance, Mo. R-1</u>			

3. NAME OF DECEASED (Type or Print) <u>OTTO COFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 13, 1951</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov. 24, 1882</u>	9. AGE (In years last birthday) <u>68</u>	if under 1 year: Months <u>10</u> Days <u>19</u>	if under 12 hrs. Hours _____ Min. _____
--------------------	-------------------------------	--	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Stoddard Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	---	--

13a. FATHER'S NAME <u>O.P. Coffman</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Hawk</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>Mrs. Muriel McLoughlin</u>	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>retention of lungs</u>		
	DUE TO (c) <u>peritonitis - Pelvis</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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan, 1951, to 13 Oct, 1951, that I last saw the deceased alive on 12 Oct, 1951, and that death occurred at 4:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Mease, D.D. 2</u>	23b. ADDRESS <u>Advance Mo.</u>	23c. DATE SIGNED <u>13 Oct 51</u>
---	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Point Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Advance, Mo. R-1</u>
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>10-20-51</u>	REGISTRAR'S SIGNATURE <u>Flayl Morgan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd S. Morgan</u>	ADDRESS <u>Advance</u>
--	---	---	------------------------

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

RECEIVED

NOV 7 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....

Floyd S. Morgan
.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Floyd S. Morgan*
.....
Licensed Embalmer No. *3381*
.....
P. O. Address *Durham, N.C.*

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.