

FILED JAN 22 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3699

State File No.

BIRTH NO. _____ REG. DIST. NO. 752 PRIMARY REG. DIST. NO. 6193 Registrar's No. 3

1. PLACE OF DEATH

a. COUNTY Taney

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville MO

c. LENGTH OF STAY (In this place) 69 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MO b. COUNTY Taney

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pawnee MO

d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED

a. (First) Thomas b. (Middle) Hadley c. (Last) Coffelt

4. DATE OF DEATH (Month) (Day) (Year)
12-52

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH Oct-5-1882

9. AGE (In years last birthday) 69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farming

11. BIRTHPLACE (State or foreign country)
Taney Co MO

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13a. FATHER'S NAME
Jackson Coffelt

13b. MOTHER'S MAIDEN NAME
Miley Pickett

14. NAME OF HUSBAND OR WIFE
Deceased

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
Mrs Brown Pully Kirkville MO

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, ashenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Sclerotic arteries

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Urinal Incontinence

INTERVAL BETWEEN ONSET AND DEATH
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4201

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1951, to 1/17, 1952, that I last saw the deceased alive on 1/17, 1952, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Walter D. Adams

23b. ADDRESS
1201 N. 1st St. Kirksville MO

23c. DATE SIGNED
1/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
1-14-52

24c. NAME OF CEMETERY OR CREMATORY
Edwards

24d. LOCATION (City, town, or county) (State)
Kirkville MO

DATE REC'D BY LOCAL REG.
1-19-52

REGISTRAR'S SIGNATURE
J. E. Cogswell 376

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Whelchel Funeral Home Kirksville MO

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

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.....

was not embalmed

working under my personal supervision.

Student Embalmer No.

Signed *Minnie L. Wheelchel*

Signed.....
Student Embalmer

Licensed Embalmer No. *2277*

P. O. Address *Bremen 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.