

10703
S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41330

State File No.

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINEY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cash TWP</u>	
c. LENGTH OF STAY (in this place)		0340	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HIGHWAY 63</u>		d. STREET ADDRESS (If rural, give location) <u>Eight miles sw of Mtn Grove, Mo</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>Willard</u>	c. (Last) <u>Coffman</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Nov</u> <u>15</u> , <u>1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Febr 18, 1913</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Douglas Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>John Coffman</u>	13b. MOTHER'S MAIDEN NAME <u>Bell Vanover</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>Yes</u> (If Yes, state year of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Coffman</u>	ADDRESS <u>Rt 2 Mtn Grove, Mo</u>
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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, ashenia, 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) <u>Skull Fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car Wreck</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS- Conditions contributing to the death but not related to the disease or condition causing death.		<u>E 8164</u> <u>26</u>	<u>Instantly</u>

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 (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY #63</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Houston Texas Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 15 1952 10:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Head on Collision 107</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Gaylord V. Elliott, (Crown)</u>	23b. ADDRESS <u>Cubool Mo.</u>	23c. DATE SIGNED <u>Nov 24/52</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u> </u>	24b. DATE <u>Nov 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Denlow</u>	24d. LOCATION (City, town, or county) (State) <u>Douglas County, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 29-1952</u>	REGISTRAR'S SIGNATURE <u>Mystie Craig 327-7</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ruth Barber</u>	ADDRESS <u>Int'l Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 8 1952

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 Paul Parker

Licensed Embalmer No. 3848

P. O. Address Mrs. F. M. M.

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.