

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41498**

FILED JAN 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville, Mo.</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ballinger</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>ROBERT</u> a. (First) b. (Middle) c. (Last) <u>COFFMAN</u>			4. DATE OF DEATH <u>Dec. 20, 1952</u> (Month) (Day) (Year)				
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 27, 1870</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>1</u>		11. DAYS <u>23</u>		12. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cafe Owner</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Genevieve, Co. Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J.B. Olsen Lutesville</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> b. _____ c. _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a. _____ b. _____ c. _____			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21. ACCIDENT SUICIDE HOMICIDE (Specify)				
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
21e. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>6/2/46</u> to <u>12/19</u> , 1952, that I last saw the deceased alive on <u>Dec. 19</u> , 1952, and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John J. Myers D.D.</u> (Deputy or title)				23b. ADDRESS <u>Lutesville Mo.</u>			
23c. DATE SIGNED <u>1/5/53</u>				24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24a. DATE <u>12-20-52</u>				24b. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>			
24c. LOCATION (City, town, or county) <u>Ballinger Co. Mo.</u>				24d. (State)			
DATE REC'D BY LOCAL REG. <u>Jan 8 1953</u>				REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>			
FUNDAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>				ADDRESS <u>Lutesville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Ind.

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.