

43224

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300 FILED DEC 23 1952  
10.48

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 406

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Farmington</u> c. LENGTH OF STAY (In this place) <u>10M, 27Das.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Farmington</u> <u>0941</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>320 Center Street</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>	b. (Middle) <u>McILVAINE</u>	c. (Last) <u>COFFMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 11, 1952</u>
--	------------------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 9, 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming &amp; Hosp. Att.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Coffman, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>Joseph A. Coffman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Mathilda Wiley</u>	14. NAME OF HUSBAND OR WIFE <u>Margueritte L. Ashby</u>
---	--	---

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>Records State Hospital No. 4, Farmington, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis with cerebral arteriosclerosis. Sev. yrs.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>334X</u>	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 Jan. 24, 1952, to Dec. 11, 1952, that I last saw the deceased alive on Dec. 11, 1952, and that death occurred at 9:55 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	23c. DATE SIGNED <u>12-11-1952</u>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Dec. 11, 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cozean Funeral Home, Farmington, Mo.</u>
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

940  
2

**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 \_\_\_\_\_

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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.