

STANDARD CERTIFICATE OF DEATH

1824

FILED JAN 13 1953

State File No. _____
RECEIVED
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 HR.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		d. STREET ADDRESS (If rural, give location) <u>516 CONNOR</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>516 CONNOR</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARNOLD</u> b. (Middle) <u>GEORGE</u> c. (Last) <u>COFER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 1 1953</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>FEB 28, 1887</u>		
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BANKER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BANKING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOPLIN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. J. COFER</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH LANKFORD</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH COFER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY (If yes, give war or date of service) <u>W.W.I. 496-16-7381</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS RUTH COFER</u> ADDRESS <u>JOPLIN</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</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) _____		21f. HOW DID INJURY OCCUR? _____		
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 <u>April</u> , 19 <u>51</u> , to <u>Oct.</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct. 23</u> , 19 <u>52</u> , and that death occurred at <u>8:50 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Leola H. McPike</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>607 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>1-2-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/3/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSARK MEM PARK</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN MO</u>		
DATE REC'D BY LOCAL REG. <u>1-3-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>				

0495
Dr. McPike
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

42254X

RECEIVED 1-12-53
Jasper County Health Office

County File Number 53/1/37

Date Filed 1-12-53

MAR 8 1953

JAN 14 1953

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.....

Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.