

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH13731
State File No.FILED APR 29 1953
BIRTH NO.

REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 6290 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural S. Benton</u>)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural S. Benton</u>		0300	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Buffalo, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>Buffalo, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Israel</u>			b. (Middle)	c. (Last) <u>Cofer</u>	4. DATE (Month) (Day) (Year) OF DEATH <u>April 11, 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>3/24/1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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	11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Janie Cofer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Janie Cofer Buffalo, Mo.</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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of the Liver, Arterio Sclerosis</u>					<u>Years</u>
	DUE TO (c) <u>Alcoholism, Radio Phosphorus</u>					<u>Years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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)		442X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>on</u> <u>April 10, 1953</u> , to _____, 19____, that I last saw the deceased alive on <u>April 10, 1953</u> , and that death occurred at <u>3:40 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>G. B. Penner M.D.</u>			(Degree or title)	23b. ADDRESS <u>Buffalo, MO</u>		23c. DATE SIGNED <u>4-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/13/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4/27/53</u>	REGISTRAR'S SIGNATURE <u>Grace Petree</u>		80	25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Funeral Home</u>		ADDRESS <u>Buffalo, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

300
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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

Clyde Montgomery

Licensed Embalmer No. *13592*

P. O. Address *Buffalo, 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.