

# STANDARD CERTIFICATE OF DEATH

17552

State File No. ....

FILED JUN 4 1953

REG. DIST. NO. 101

PRIMARY REG. DIST. NO. 5393

Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R. Benton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Grove Rural 1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) a. (First) Frances		b. (Middle) Delbert c. (Last) Coffman	
4. DATE OF DEATH (Month) (Day) (Year) 5-12-53		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 10-11-05	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (City and State or Foreign Country) Norwood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Coffman		13b. MOTHER'S MAIDEN NAME Belle Vanover	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Chester Coffman	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Died with out ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) medical attention. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION 7955	
22. ACCIDENT SUICIDE HOMICIDE (Specify)		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
24. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		25. HOW DID INJURY OCCUR?	
26. TIME OF INJURY (Month) (Day) (Year) (Hour)		27. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	
28. 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 1:30 PM, from the causes and on the date stated above.			
29. SIGNATURE (Degree or title) Vesta Bushman L.R.		30. ADDRESS Ava Mo.	
31. DATE SIGNED 6-1-53		32. BIRTHPLACE (City and State or Foreign Country) Norwood, Missouri	
33. BURIAL, CREMATION, REMOVAL (Specify) Burial		34. DATE 6-1-53	
35. NAME OF CEMETERY OR CREMATORY Denlow		36. LOCATION (City, town, or county) (State) Denlow, Missouri	
37. DATE REC'D BY LOCAL REG. 6-1-53		38. REGISTRAR'S SIGNATURE Vesta Bushman	
39. FUNERAL DIRECTOR'S SIGNATURE Barber Funeral Home, Mt. Grove, Mo.		40. ADDRESS	

(Licensed Embalmers' 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

*Russell Barker*

Licensed Embalmer No. *3848*

P. O. Address *Mtn. Grove,*

**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.**