

FILED JUN 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16481**

BIRTH NO. 31312-54 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon	
c. LENGTH OF STAY (In this place) 1 hour		d. STREET ADDRESS (If rural, give location) 500 Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Baby	b. (Middle) Boy	c. (Last) Coffey	4. DATE OF DEATH (Month) (Day) (Year) May 18, 1954
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5. SEX Male	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 18, 1954	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 0 Days 18	IF UNDER 1 MIN. Hours 1 Min. 45
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Laclede County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Clayton Coffey	13b. MOTHER'S MAIDEN NAME Duane Pennington	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Clayton Coffey	ADDRESS Lebanon, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration amniotic fluid		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. respiratory obstruction		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7620	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION mother had sugar in urine but blood sugar was normal. extremely labor heavy - occiput posterior delivery - forceps.	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)
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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?
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22. I hereby certify that I attended the deceased from 5-18-1954 to 5-18-1954, that I last saw the deceased alive on 5-18-1954, and that death occurred at 6:52 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B B Hurst, M.D.	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 5-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-19-54	24c. NAME OF CEMETERY OR CREMATORY Lebanon City	24d. LOCATION (City, town, or county) (State) Lebanon, Missouri
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DATE REC'D BY LOCAL REG. 5-25-1954	REGISTRAR'S SIGNATURE Altha L. Gray	424 25. FUNERAL DIRECTOR'S SIGNATURE Palmer	ADDRESS Lebanon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received _____
LaSalle County Health Unit
File No. 6-54-87
Date Filed JUN 1 1954

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Channah 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.