

STANDARD CERTIFICATE OF DEATH

 State File No. **26117**

 BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6278** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WRIGHT	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (RURAL) BRUSH		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HARTVILLE	
c. LENGTH OF STAY (In this place) 50		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) RURAL (BRUSH) NE-	

3. NAME OF DECEASED (Type or Print) LORENZO DOW COFFMAN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 23 1954				
5. SEX <input checked="" type="checkbox"/> MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 14, 1867	9. AGE (In years last birthday) 87	10. MONTHS 2	11. DAYS 13	12. CITIZEN OF WHAT COUNTRY? USA.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE				

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE MOLLIE
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. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLAYTON STIGOLD Hartwell Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Paronychia of right eye		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 59.1 x	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) WRIGHT MO
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 **1-6**, 19**50**, to **6-23**, 19**54**, that I last saw the deceased alive on **6-20**, 19**50** and that death occurred at **4** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)	23b. ADDRESS Hartwell Mo	23c. DATE SIGNED 6-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 26, 1954	24c. NAME OF CEMETERY OR CREMATORY COON CREEK
24d. LOCATION (City, town, or county) (State) WRIGHT MO.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John S. Simpson Hartwell Mo	
DATE REC'D BY LOCAL REG. 7-14-54	REGISTRAR'S SIGNATURE <i>[Signature]</i> 346-0	

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

FILED JUL 19 1954

WRIGHT CO. HEALTH DEPT.
County File Number 754-82
Date Filed JUL 17 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 Glenn A. Williams

Licensed Embalmer No. 4651

P. O. Address Marshfield, 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.