

No. 300
10. 48

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31570

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jefferson	
b. CITY OR TOWN Farmington		c. CITY OR TOWN Pevely		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 10Y; 8M; 16d.		e. STREET ADDRESS (If rural, give location) 501			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 1					

3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) JANE			c. (Last) COFFLAND			4. DATE OF DEATH (Month) (Day) (Year) August 22, 1954		
---	--	--	-------------------------	--	--	---------------------------	--	--	---	--	--

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH August 17, 1876		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Days 0		IF UNDER 24 HRS. Hours 5 Min.	
----------------------	--	-------------------------------	--	--	--	---	--	---	--	-------------------------------	--	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - never employed.				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
---	--	--	--	-----------------------------------	--	--	--	---	--	--	--	--	--	--	--

13a. FATHER'S NAME Samuel Coffland				13b. MOTHER'S MAIDEN NAME Elizabeth Thompson				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 Records, State Hospital No. 4, Farmington, Mo.								ADDRESS			
---	--	-------------------------------------	--	---	--	--	--	--	--	--	--	---------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, terminal - - - - -										INTERVAL BETWEEN ONSET AND DEATH Abt. 10 hrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - - - - -										Unknown.	
		DUE TO (c)											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with mental deficiency.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500										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)			
--	--	--	--	--	--	---	--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **August 1, 1954**, to **August 22, 1954**, that I last saw the deceased alive on **August 22, 1954**, and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Hummer M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.				23c. DATE SIGNED Aug 22, 1954	
---	--	---	--	--	--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24b. DATE Aug. 24, 1954		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
---	--	--------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. Aug. 23, 1954		REGISTRAR'S SIGNATURE E. P. Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo.				ADDRESS	
---	--	--	--	--	--	--	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

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

0940
2

SEP 10

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 not embalmed, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Paul K. King

Licensed Embalmer No. 4126

P. O. Address Larimore, La.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.