

FILED NOV 1 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 285

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Jefferson City</u> | c. LENGTH OF STAY (in this place)<br><u>39 Months</u> | c. CITY OR TOWN<br><u>Chicago</u>  | d. In Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Mo. Penitentiary Hospital</u>                   |   | e. STREET ADDRESS (If rural, give location)<br><u>3817 West Harrison Street</u>  |  |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Joseph</u><br>b. (Middle) <u>Robert</u><br>c. (Last) <u>Coffey</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Oct 23 1954</u> |
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|  |                               |  |   |   |   |  |
|--|-------------------------------|--|---|---|---|--|
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Sept-6-1927</u>  | 9. AGE (In years last birthday) <u>27</u> | IF UNDER 1 YEAR<br>Months _____ Days _____    | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Truck Driver</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Trucking</u>                     | 11. BIRTHPLACE (City and State or Foreign Country) /<br><u>Chicago, Ills.</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |  |

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| 13a. FATHER'S NAME<br><u>Joseph Coffey</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Not Known</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Anna M. Coffey</u> |
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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)<br><u>Yes W.W.#2</u> | 16. SOCIAL SECURITY NO.<br><u>W.W.#2</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Anna M. Coffey, Jefferson City, Mo</u> | ADDRESS<br><u>Jefferson City, Mo</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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 |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sunshot Wounds</u>   |  |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>6 best and week</u><br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                                  |

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|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><u>E984 X</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Murder</u>                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, boat, etc.)<br><u>Missouri State Prison Jefferson City, Mo</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Jefferson City, Cole, Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><u>Oct 23-1954 1 P.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                           | 21f. HOW DID INJURY OCCUR?<br><u>Shot during Prison Riot</u>                       |

22. I hereby certify that I attended the deceased from 10-23-54, to 10-23-54, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1 P. m., from the causes and on the date stated above.

|                                      |                             |   |                                     |
|--------------------------------------|-----------------------------|---|-------------------------------------|
| 23a. SIGNATURE<br><u>J. Bruce MD</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS<br><u>234 Madison Jefferson City, Mo</u> | 23c. DATE SIGNED<br><u>10-23-54</u> |
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|   |                                 |  |   |
|---|---------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>Oct-25-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Carmel Cemetery</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Chicago, Illinois</u> |
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|  |   |   |                                      |
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| DATE REC'D BY LOCAL REG.<br><u>Oct 25-1954</u> | REGISTRAR'S SIGNATURE<br><u>R.P. Davis MD</u> | 5. FUNERAL DIRECTOR'S SIGNATURE<br><u>Rob. J. Coalm</u> | ADDRESS<br><u>Jefferson City, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 7

**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.....  
Signature of Student Embalmer

Signed *Joseph J. Gordon*

Licensed Embalmer No. *1786*  
P. O. Address *Jeff City*

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.