No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36899

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 5da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cooper
c. CITY OR TOWN: —
d. Is Residence within limits of city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 3 Mi - SE - Pilot Grove Mo

3. NAME OF DECEASED (Type or Print): a. (First) DORTHEA b. (Middle) ROSIA c. (Last) COFFMAN
4. DATE OF DEATH (Month) (Day) (Year): Nov-23-1954.
5. SEX: Fem
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec-14-1870
9. AGE (In years last birthday): 83 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Cooper Co - Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Jacob Bentchler
13b. MOTHER'S MAIDEN NAME: Amanda Steiner
14. NAME OF HUSBAND OR WIFE: Arthur Coffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Arthur Coffman - Pilot Grove Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage — 4 days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 493 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1954 *to* Nov 23, 1954, *that I last saw the deceased alive on* Nov 23, 1954, *and that death occurred at* 8:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Beckett Md
23b. ADDRESS: Boonville Mo
23c. DATE SIGNED: 11-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-27-54.
24c. NAME OF CEMETERY OR CREMATORY: Pilot Grove Cem
24d. LOCATION (City, town, or county) (State): Pilot Grove, Mo.

DATE REC'D BY LOCAL REG.: 11-27-54
REGISTRAR'S SIGNATURE: B. Hooper 381-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hays & Painter - Pilot Grove Mo

(Licensed Embalmer's 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 emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 307

P. O. Address Pilot Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.