

No. 300
10.48

1966

FILED FEB 10 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Perry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>		
b. CITY OR TOWN <u>Perryville, Mo.</u>		c. LENGTH OF STAY (In this place) c. CITY OR TOWN <u>Perryville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>133 S. Main</u>			e. STREET ADDRESS (If rural, give location) <u>133 S. Main</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Coffelt</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>Jan. 28, 1885</u>	
				9. AGE (In years last birthday) <u>69</u>	
				11. BIRTHPLACE (City and State or Foreign Country) <u>Ste. Genevieve Co. Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jacob Coffelt</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Frazier</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Coffelt</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) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-09-8496</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Coffelt Perryville, Mo.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Bell bladder &</u> DUE TO (c) <u>liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>155X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
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19a. DATE OF OPERATION <u>14th Dec 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Bell bladder & liver</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			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 24th Nov 54 to 23 Jan 55, that I last saw the deceased alive on 23 Jan 55, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph Redell M.D.</u> (Degree or title)		23b. ADDRESS <u>Perryville Mo</u>		23c. DATE SIGNED <u>25 Jan 55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 26, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Silver Lake, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>1/26/55</u>		REGISTRAR'S SIGNATURE <u>Joseph Redell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Perryville Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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FEB 11 1955

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 *Wallace Young*.....
Licensed Embalmer No. *402*

P. O. Address *Perryman*

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.