

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3973

State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>161</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>15 yrs.</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hovey Nursing Home 723 S. 11th St.</u>				e. STREET ADDRESS (If rural, give location) <u>11th & Henry Streets 01170</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u> b. (Middle) <u>Ellen</u> c. (Last) <u>James</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>February 7, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Febr. 8, 1861</u>	
9. AGE (In years last birthday) <u>93</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 Hrs. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County, Missouri. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henderson Coffman</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Ann (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>William James</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Wilbur L. Weisenborn St. Joseph, Mo.</u>			
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>Chronic arteriosclerotic heart disease</u> 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. <u>Senility and General debility.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Unk.</u> <u>Unk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Senility and general</u>				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 <u>1/26</u> , 19 <u>55</u> , to <u>2/7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/6</u> , 19 <u>55</u> , and that death occurred at <u>6:45 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title). <u>H F Mundy M.D.</u>		23b. ADDRESS <u>2801 Sacramento St. Joseph, Missouri</u>		23c. DATE SIGNED <u>2/8/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Febr. 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buchanan County, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Ernest M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer & Fleeman St. Joseph, Mo.</u>			

(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 embalmed by me, or by ****, Student Embalmer No. ****, working under my personal supervision..

Student *** **
Signature of Student Embalmer

Signed *Albert E. Harrington*

Licensed Embalmer No. 3258 Mo.

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.