

FILED MAR 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5280

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 78

1. PLACE OF DEATH
 a. COUNTY **JASPER**
 b. CITY (If outside corporate limits, write RURAL and give town) **JOPLIN**
 c. LENGTH OF STAY (in this place) **30 YRS**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **523 1/2 KENTUCKY AVE.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **MISSOURI** b. COUNTY **JASPER**
 c. CITY (If outside corporate limits, write RURAL and give township) **JOPLIN**
 d. STREET ADDRESS (If rural, give location) **523 1/2 KENTUCKY AVE.**

3. NAME OF DECEASED (Type or Print)
 a. (First) **ADELINE** b. (Middle) _____ c. (Last) **COFFEY**
 4. DATE OF DEATH (Month) (Day) (Year) **FEB. 26, 1955**

5. SEX **F 3** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED 2** 8. DATE OF BIRTH **APR. 17, 1889** 9. AGE (In years last birthday) **65** 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 **OWN HOME** 11. BIRTHPLACE (State or foreign country) **LEBANON, MO.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **UNK** 13b. MOTHER'S MAIDEN NAME **UNK** 14. NAME OF HUSBAND OR WIFE **-----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **MRS. JUANITA THOMAS, 523 1/2 KENTUCKY** ADDRESS

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cardiac Decompensation** INTERVAL BETWEEN ONSET AND DEATH **3 mo.**
 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4343** 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) _____ 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 **July**, 19 **50**, to **Feb**, 19 **55** that I last saw the deceased alive on **Feb 26**, 19 **55**, and that death occurred at **4:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Ilse H. Hulse, MD** 23b. ADDRESS **1923 Sergeant, Joplin, Mo** 23c. DATE SIGNED **2/26/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **3-2-55** 24c. NAME OF CEMETERY OR CREMATORY **PARKWAY CEMETERY** 24d. LOCATION (City, town, or county) (State) **JOPLIN, MISSOURI**

DATE REC'D BY LOCAL REG. **3-1-55** REGISTRAR'S SIGNATURE **Bob S. James** 25. FUNERAL DIRECTOR'S SIGNATURE **STEVE PARKER MORTUARY,** ADDRESS **JOPLIN, MO.**

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed
MAR 7 - 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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Job line me

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