

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19215

State File No.

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give town) Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) Clinton Mo.	
c. LENGTH OF STAY (In this place) 12 Days		d. STREET ADDRESS (If rural, give location) 201 N 3rd. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Clarence	b. (Middle) Homer	c. (Last) Coffee	(Month) June	(Day) 14	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29 1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR: Months 0 Days 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agency		10b. KIND OF BUSINESS OR INDUSTRY Salesman	11. BIRTHPLACE (City and State or Foreign Country) Sedalia Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Robert Coffee	13b. MOTHER'S MAIDEN NAME Catherine Boswell	14. NAME OF HUSBAND OR WIFE Ethel Coffee
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Ethel Coffee	ADDRESS Clinton Mo.
--	-----------------------------------	---	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 5 days 3 weeks 6 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral / face and Parkinson's Disease 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Oct. 7, 1951, to June 14, 1955, that I last saw the deceased alive on June 14, 1955, and that death occurred at 15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <i>[None]</i>	23b. ADDRESS Warrensburg Mo.	23c. DATE SIGNED 6-18-55
-----------------------------------	---------------------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 16 1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg Mo.
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. June 17, 1955	REGISTRAR'S SIGNATURE Sarah Phillips	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips	ADDRESS Warrensburg Mo.
---	---	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 21 1955
HEALTH DEPT.

JOHNSON COUNTY HEALTH DEPT.

1955
7 MAY 1

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
Student Embalmer

Signed P. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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