

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

Shaffer
State File No. **33030**

FILED NOV 15 1955

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 46

No. 300
10-48

0460

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: rankles before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>Mtn. View</u>	c. LENGTH OF STAY (in this place) <u>9 yrs.</u>	c. CITY OR TOWN <u>Mtn. View</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			
e. STREET ADDRESS _____		(If rural, give location) <u>0460</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u> b. (Middle) <u>Fore</u> c. (Last) <u>Coberly</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21-1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>JAN. 15-1877</u>	9. AGE (In years last birthday) <u>78</u>	if UNDER 1 YEAR Days <u>9</u>
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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>DUQUOIN, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>William Fore</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Coberly</u>	
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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>FRANK Coberly</u>		
				ADDRESS <u>Mtn. View, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown Thrombus.</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) <u>4201</u>			
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 checked="" type="checkbox"/> NO <input 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. 21, 1955, to Oct. 21, 1955, that I last saw the deceased alive on Oct. 21, 1955, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James R. Shaffer D.D.</u>		23b. ADDRESS <u>Mtn View Mo.</u>		23c. DATE SIGNED <u>11/10/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct. 25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willow Springs</u>	24d. LOCATION (City, town, or county) (State) <u>Willow Springs Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-12-55</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN'S</u>	
				ADDRESS <u>Mtn. View, Mo.</u>	

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 *Joe L. Duran*.....

Licensed Embalmer No. *43*.....

P. O. Address *W. H. Duran*.....

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.