

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**19612**

State File No. ....

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 681

1. PLACE OF DEATH a. COUNTY <p align="center">Buchanan</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Buchanan</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">St. Joseph</p>		c. LENGTH OF STAY (In this place) <p align="center">25 years</p>		c. CITY OR TOWN <p align="center">St. Joseph</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Missouri Methodist Hospital</p>					
e. STREET ADDRESS (If rural, give location) <p align="center">629 East Lake Blvd., 01170</p>					

3. NAME OF DECEASED (Type or Print) EVERETT			a. (First)	b. (Middle) <p align="center">F.</p>	c. (Last) <p align="center">COFFMAN</p>	4. DATE OF DEATH June 17, 1956		
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5. SEX <p align="center">male</p>	6. COLOR OR RACE <p align="center">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">married</p>	8. DATE OF BIRTH <p align="center">Oct. 7, 1904</p>		9. AGE (In years last birthday) <p align="center">51</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">laborer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Gas Service Co.</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Paris Arkansas</p>		12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>	
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13a. FATHER'S NAME <p align="center">William Finas</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Sarah Lou unknown</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Jaunita P. Coffman</p>	
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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) <p align="center">no</p>		16. SOCIAL SECURITY NO. <p align="center">491-09-4688</p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center">Mrs. Everett Coffman, 629 E. Lake, St. Joseph</p>		ADDRESS <p align="center">St. Joseph</p>	
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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>Cerebral hemorrhage</u>				<u>6 hrs</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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p align="center">3 3/ X</p>				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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 6/17, 1956, to 6/17, 1956, that I last saw the deceased alive on 6/17, 1956, and that death occurred at 7:55 p. m., from the causes and on the date stated above.

23. SIGNATURE <p align="center"><i>W. W. Allison</i></p>		(Degree or title)		23b. ADDRESS <p align="center">1202 E. Lake St. City</p>		23c. DATE SIGNED <p align="center">6/19/56</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">burial</p>		24b. DATE <p align="center">6/20/1956</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Memorial Park Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p align="center">St. Joseph, Missouri</p>	
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DATE REC'D BY LOCAL REG. <p align="center">June 26, 1956</p>		REGISTRAR'S SIGNATURE <p align="center"><i>Kathleen M. Allison</i></p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center"><i>Newton Bowman</i></p>		ADDRESS <p align="center">St. Joseph, Mo.</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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 *Frederick D. Collins*.....

Licensed Embalmer No. *4957*  
*319-10-10*  
P. O. Address.....

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.