

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25842**

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **6286** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WRIGHT	
b. CITY OR TOWN WOOD Twp (RURAL)	c. LENGTH OF STAY (in this place) 5 YRS	c. CITY OR TOWN 1140	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 3 mi. E. Owensville, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH	b. (Middle)	c. (Last) COFFMAN	4. DATE OF DEATH (Month) (Day) (Year) July 14 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8-1-1882	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months 11 Days 18	11. UNDER 2 HRS. Hours 2 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) TENNESSEE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Coffman	13b. MOTHER'S MAIDEN NAME Liza	14. NAME OF HUSBAND OR WIFE LOLA MOORE COFFMAN
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME DOOLEY FARR ADDRESS NORWOOD, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Renal-Vascular		
	DUE TO (c) Stroke		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 1953** to **7-13 1956**, that I last saw the deceased alive on **7-13 1956**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard H. Mitchell, D.O.	23b. ADDRESS Miss. Grove, Mo.	23c. DATE SIGNED 7-18-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-15-56	24c. NAME OF CEMETERY OR CREMATORY DAK GROVE	24d. LOCATION (City, town, or county) (State) 13 mi. S.E. Hartsville, MO
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DATE REC'D BY LOCAL REG. 7-24-56	REGISTRAR'S SIGNATURE A.B. Ames	25. FUNERAL DIRECTOR'S SIGNATURE John S. Simpson ADDRESS Hartsville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED *July 30, 56*
 WRIGHT CO. HEALTH DEPT.
 County File Number *856-*
 Date Filed *August 4, 56*

SEP 11 1956

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.....
RW Barber

Licensed Embalmer No. *384*

P. O. Address *W. L. Lane, ...*

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.