

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42850

STATE FILE NUMBER

318

1003

11082

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Petersi</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Seaman</i>		d. STREET ADDRESS (If outside, give location) <i>305 Pine St.</i>	

3. NAME OF DECEASED (Type or print) <i>Carlet James Coffman</i>			4. DATE OF DEATH <i>Dec. 2, 1956</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 23, 1897</i>	9. AGE (In years last birthday) <i>59</i>	IF UNDER 1 YEAR <i>9</i> IF UNDER 24 HRS. <i>9</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>carpenter</i>		11. BIRTHPLACE (City and state or country) <i>Washington Co Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Robert Coffman</i>			14. MOTHER'S MAIDEN NAME <i>Martha Jane Martin</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>---</i>		17. INFORMANT <i>Robert C. Coffman</i> Address <i>Vincennes Ind.</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fracture of Skull;</i> <i>Brain Injury;</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>E816.4</i>		
DUE TO (c) <i>26</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (COUNT THE GENERAL PART I AS ONE CAUSE) <i>all operated by deceased</i>		22. AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Include date, time, place, and name of person responsible if known) Part I or Part II only <i>Open barbed wire reported by George Ward at Highway #21 near De Soto</i>	
20c. TIME OF INJURY <i>12:25 a.m.</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway</i>	
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <i>near De Soto Mo</i>	

21. I attended the deceased from <i>10:45 P.</i> to <i>---</i> and last saw her/him alive on <i>5-6</i>	
22a. SIGNATURE <i>Patrick J. Taylor</i> (Degree or title) <i>Coroner</i>	22b. ADDRESS <i>1300 Clark</i>
22c. DATE SIGNED <i>12.4.56</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-6-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lost Creek Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Washington Co. Mo.</i>
24. FUNERAL DIRECTOR <i>Mrs. Lutha Spahr</i> ADDRESS <i>Petersi Mo</i>	25. DATE RECD. BY LOCAL REG. <i>DEC 4 1956</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

(Licensed Embolmer's Statement on Reverse Side)

mrb

diseases in Part I, must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Murphy Lynch*.....  
Licensed Embalmer No. *47*.....  
P. O. Address *1111 1/2*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
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.