

FILED APR 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8038

State File No. _____
Registrar's No. 9

BIRTH NO. _____ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 5298

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hemple, Mo.</u>		c. CITY OR TOWN <u>Hemple</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ella</u>	b. (Middle) <u>----</u>	c. (Last) <u>Coffey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 57</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1/18/1872</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Weltmer</u>	13b. MOTHER'S MAIDEN NAME <u>Alcinda Freeman</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Coffey</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Coffey, Hemple, Mo.</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>"Chr" Shock</u>		<u>2 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>marked malnutrition</u> DUE TO (c) <u>Senility</u>		<u>12 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extensive Aneurysm</u>		<u>5 yrs</u>	<u>10 day</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>2865</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) m.	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 JUNE, 1956, to MAY 11, 1957, that I last saw the deceased alive on 3-11, 1957 and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M.E. Sumner</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>ST Joseph Mo</u>	23c. DATE SIGNED <u>3-17-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/19/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 20/57</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Acar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Sumner</u>	ADDRESS <u>Stewartville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *W. E. Summerfield*

Licensed Embalmer No. 300

P. O. Address *Stewartville*

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.