

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035936  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

MC Gentry

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|--|------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY Douglas   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Douglas                             |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava  |                        | c. CITY OR TOWN Ava  |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  |                        | d. STREET ADDRESS (If outside, give location)  |   |
| 3. NAME OF DECEASED (Type or print)<br>First Annalou Middle Last Coffman   |                        | 4. DATE OF DEATH<br>Month Day Year Nov. 2, 1958  |   |
| 5. SEX Female  | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jul. 9, 1908                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid  |                        | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) Slaughters, Ky. /  |
| 13. FATHER'S NAME Dr. J. H. Coffman  |                        | 14. MOTHER'S MAIDEN NAME Ray Prather   |   |
| 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. None   | 17. INFORMANT Address Dr. J. H. Coffman, Ava, Missouri        |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Acute Myocardial Failure<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Congenital Lumbago |                        |  | INTERVAL BETWEEN ONSET AND DEATH<br>not<br>10 yr              |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                        | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4222  |   |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.  |                        | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                        | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |   |
| 21. I attended the deceased from 1929 to 11-2-59 and last saw her alive on 11-2-59. Death occurred at 1: P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.  |                        |  |   |
| 22a. SIGNATURE (Degree or title) M. C. Gentry M.D.   |                        | 22b. ADDRESS Ava Mo  |   |
| 22c. DATE SIGNED 11-3-59   |                        |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial   | 23b. DATE 11-5-58      | 23c. NAME OF CEMETERY OR CREMATORY Slaughters  | 23d. LOCATION (City, town, or county) (State) Slaughters, Ky. |
| 24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo. No. 4-58   |                        | 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Uestal Bushman  |   |

(Licensed Embalmer's Statement on Reverse Side)

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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 *Lyle G. Clinkinger*

Licensed Embalmer No. *48*

P. O. Address *Avon, Mo.*

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.