

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016394

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 324 Primary Registration District No. 307a Registrar's No. 83

300
-57

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kitzgibbon Hospital		Length of stay in lb Entire life	d. STREET ADDRESS (If outside, give location) 465 W. Marion		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Joseph Middle Coffey Last Coffey			4. DATE OF DEATH Month May Day 8 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 8, 1889	9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Truck		10b. KIND OF BUSINESS OR INDUSTRY Gen. Hauling	11. BIRTHPLACE (City and state or country) Saline County, mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James T. Coffey		13b. MOTHER'S MAIDEN NAME Sarah Eda Moore		14. NAME OF HUSBAND OR WIFE Kate Buss Coffey	
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. 498-22-7603	17. INFORMANT Address Mrs. Kate Coffey Marshall, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lymphosarcoma					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 1958 to 5-8-59 and last saw live on 5-8-59 Death occurred at 1:15pm. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James A. Read MD			22b. ADDRESS Marshall Mo		22c. DATE SIGNED 5-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-11-59	23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri
24. FUNERAL DIRECTOR Campbell-Lewis		ADDRESS Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 5-9-59	26. REGISTRAR'S SIGNATURE Carl H. Read

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James H. Lewis*.....
Licensed Embalmer No. *4709*.....
P. O. Address *Marshall*.....

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.