

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018841  
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 31

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osceola</b>		c. CITY OR TOWN <b>Humansville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osceola Medical</b>		d. STREET ADDRESS (If outside, give location) <b>0840</b>	
3. NAME OF DECEASED (Type or print) <b>Hosp. Middle Last</b> <b>Ada Coffey</b>		4. DATE OF DEATH Month <b>5</b> Day <b>11</b> Year <b>1959</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11/29/1881</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>77</b>
11. BIRTHPLACE (City and state or country) <b>Humansville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>E. B. Rose</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Tidwell</b>	14. NAME OF HUSBAND OR WIFE <b>Oliver Bert</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT Address <b>Mrs. Marie Davis, Humansville, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease Decompensate</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>			<b>5 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>			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 <b>Humansville, Mo.</b>
21. I attended the deceased from <b>4-25-59</b> P. <b>5-11-59</b> and last saw <b>her</b> alive on <b>5-11-59</b> Death occurred at <b>4:30</b> P. <b>5</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold M. Mason MD</b>		22b. ADDRESS <b>Osceola, Mo.</b>	22c. DATE SIGNED <b>5/12/59</b>
23a. BURIAL, CREMATION, or ENOXY (Specify) <b>Burial</b>	23b. DATE <b>5/13/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Humansville, Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Humansville, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Beckwith Funeral Home, Humansville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-12-59</b>	26. REGISTRAR'S SIGNATURE <b>Ruth S. Sewer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 28 1959

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 *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Humansville, Va.*

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.