

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 9 8 3

FILED VS JAN - 4 1960

STATE FILE NUMBER

Registration District No. 232 Primary Registration District No. 3021 Registrar's No. 217

ENDED

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| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u> | | Length of stay in 1b <u>3 Weeks</u> | c. CITY OR TOWN <u>Laredo</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East Crowder Rest Home 109 E Crowder Rd</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>✓</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Lizzie</u> Middle <u>Bell</u> Last <u>Coffman</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>10</u> Year <u>1959</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept 7 1875</u> | 9. AGE (last birthday) <u>84</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u>3</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Grundy County Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Hiram Sherrow</u> | | 13b. MOTHER'S MAIDEN NAME <u>Arnetta Beckner</u> | | 14. NAME OF HUSBAND OR WIFE <u>J.H. Coffman</u> | | |
| 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>NONE</u> | | 17. INFORMANT <u>Ethel Bailey Bethany Mo</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Uremia</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Surgrene of Right Foot</u> | |
| | DUE TO (c) <u>Arteriosclerosis</u> | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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 <u>9:35</u> a.m. Month, Day, Year <u>11-24-59</u> | 20d. INJURY OCCURRED WHILE AT WORK <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 <u>Trenton Mo</u> | | COUNTY <u>Mo</u> STATE <u>Mo</u> |

21. I attended the deceased from 11-24-59 to 12-10-59 and last saw her live on 12-9-59
Death occurred at 9:35 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>W. A. Mason MD</u> | (Degree or title) | 22b. ADDRESS <u>Trenton Mo</u> | 22c. DATE SIGNED <u>12-11-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12/12/1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Laredo Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Laredo Mo</u> |
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| 24. FUNERAL DIRECTOR <u>F. J. Robertson Funeral Home Laredo</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>12-21-59</u> | 26. REGISTRAR'S SIGNATURE <u>J. E. Fair</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

J. M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo, Tex.

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.