

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JAN - 4 1960, 74

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Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 106

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		Length of stay in 1b <b>1 Da.</b>		c. CITY OR TOWN <b>Odesaa</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lexington Memorial Hospt</b>			Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>712 W. Dryden</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Edith A. Coffman</b>				4. DATE OF DEATH Month <b>December</b> Day <b>13</b> Year <b>1959</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. <del>Color</del> AGE (last birthday) <b>10-29-09</b>		9. AGE (last birthday) <b>50</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 <b>own home</b>		11. BIRTHPLACE (City and state or country) <b>Lafayette Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>William Ludlum</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ramsey</b>			14. NAME OF HUSBAND OR WIFE <b>Chas. T. Coffman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Chas. T. Coffman, Odessa, 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>Chronic nephrosic</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1954</b>		
DUE TO (b) <b>Hypertension</b>									
DUE TO (c) <b>Toxemia of pregnancy - 18 years ago</b>									
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year		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		COUNTY STATE	
21. I attended the deceased from <b>1954</b> to <b>Dec. 13/59</b> and last saw <sup>her</sup> him alive on <b>Dec. 13, 1959</b> Death occurred at <b>8:25 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (De free or title) <b>Bert H. Brasher M.D.</b>				22b. ADDRESS <b>Lexington, Mo.</b>				22c. DATE SIGNED <b>12/14/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec. 16, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Odessa Cemetery</b>		23d. LOCATION (City, town, or county) <b>Odessa, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Husman-Sparks, Odessa, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-16-59</b>		26. REGISTRAR'S SIGNATURE <i>Thurman E. Eastman</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS  
BIRTH 7 1900

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William T. Sp

Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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.