

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 4

=60-002734

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Perry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>	Length of stay in 1b <u>5 Yrs.</u>	c. CITY OR TOWN <u>Perryville</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>14. N. School St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>14 N. School St.</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

3. NAME OF DECEASED (Type or print) First <u>Clara</u> Middle <u>M.</u> Last <u>Coffelt</u>			4. DATE OF DEATH Month <u>1</u> - Day <u>7</u> - Year <u>60</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-15-1889</u>	9. AGE (last birthday) <u>70</u>	
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		11. BIRTHPLACE (City and state or country) <u>Perry County, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>S. J. Henderson</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Dame</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Coffelt</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 Address <u>Mrs. Hester Geile, Perryville, 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: IMMEDIATE CAUSE (a) <u>Right cerebral thrombosis</u> DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>years</u>
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 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 _____ 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 <u>5-20-58</u> to <u>1-7-60</u> and last saw her/him/alive on <u>1-7-60</u> Death occurred at <u>10:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>J. E. Fairchild, M.D.</u>	22b. ADDRESS <u>Perryville, Mo.</u>	22c. DATE SIGNED <u>1-8-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-9-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Rose of Lima Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Silver Lake Mo.</u>

24. FUNERAL DIRECTOR <u>Young & Sons Perryville Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Josef Zollner</u>
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(Licensed Embalmer's Statement on Reverse Side)

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Edward Young*

Licensed Embalmer No. *25*

P. O. Address *Perry*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.