LE.		S MAR 3 1 19	297	7 Prim	nary Registrat	tion Distri	ict No. 305	7 Registrar's	* No	¥4	STATE	FILE NUMBE	٠.
	=				nary Rogistia								
	1	1. PLACE OF DEATH 6. COUNTY Ray						III		there deceased line b. COUNTY	ved. If inst Ra y		lence before dmission)
	b. CITY (If outside corporate limits, give TOWNSHIP only)					Leng	ith of stay in 1b	c. CITY OR				1r	side Limits
		TOWN Richn	iond			1	year	TOWN	Richr	nond		Ye	• द्र ∾ □
		c. FULL NAME OF (I HOSPITAL OR	f NOT in hospi	ital, give locat	tion)		Inside Limits	d. STREET ADDRESS	·	(If cutside,	, give locatio	n) Re:	ide on Farm
	·	INSTITUTION]	ll W/ 1	Lexing	ton S	t.	Yes 🔀 No 🗆		111	W. Lexi	ingtor	Ye	•□ No□
		. NAME OF DECEASE	D	First		. Middle	,	Last	4. D		lonth	Day	Year
		(Type or print)	Gs	arv			Cofi	^ก ัพคา	Di	^{of EATH} March	n 20	1960	
	5	5. SEX	6. COLOR		7. Marrie	ed □ N	lever Married D	71	IRTH 9. A	AGE (last birthday		1 YEAR IF	UNDER 24 H
		Male	Whit		Widowe		Divorced 🗍	9-9-119	a	10	Months	Pays H	ours Min
	10	De. USUAL OCCUPATION	N (Give kind o	f work done	10b. KIND	OF BUSIN	IESS OR INDUSTR			d state or country		ZEN OF WHA	T COUNTRY
		during most of work School	ing life, even	if retired)				Excels	sior S	Sorings	Mo.	USA	
		a. FATHER'S NAME			13b	. MOTHER	R'S MAIDEN NAM			14. NAME OF			
		Hatler A.	Coffr	nan	A	lice	Pierce	1		·			
	15	. WAS DECEASED EVE	R IN U.S. ARA	MED FORCES?	14			17. INFORMAN	lT .		Address		
	ĮŦ.	'es, po, or unknown) (I	t yes, give wa	r or dates or :	service)	Non		Mrs. Al	lice (Coffman.	Rich	mond.	Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).													
ш			DEATH WAS	one cause per S CAUSED BY:	line for (a),	(b), and (c).		_	•		INTERV	AL BETWEEN
OCUM		· PARI		ATE CAUSE (a)	Thi	√ <u>{</u>	degre		us al	outor	e bue	ONSET	AND DEATH
DOCUMEN		Condit which above stating lying	ions, if any, gave rise to cause (a), the undercause last.	DUE TO (b) <u>Thi</u> () <u>Eug</u>	1250	degre	gasol	1 me		e bu	ONSET	AND DEATH
DOCUM	ATION	Condit which above stating lying	ions, if any, gave rise to cause (a), the undercause last.	DUE TO (b	EWA	CONTRIB	degre		1 me		Till, If dec	ONSET	femele ven last 90 da
DOCUM	IFICATION	Conditudich which above stating lying PART	ions, if any, gave rise to cause (a), the under-cause last.	DUE TO (b DUE TO (c DUE TO (c GNIFICANT Co	ONDITIONS IN PART 1 (a)	CONTRIB	degre	IH but not relate	fre do the to	erminel PARI	Till. If deathere a	ceased was a pregnancy i	female v last 90 da
DOCUM	CERTIFICATION	Condition which above stating lying PART 1	ions, if any, gave rise to cause (a), the undercause last.	DUE TO (b DUE TO (c DUE TO (c GNIFICANT Co	ONDITIONS IN PART 1 (a)	CONTRIB	degre	IH but not relate	ed to the to	erminal PAR1	I III. If decay there a	ceased was pregnancy in N	female von last 90 da
DOCUM	AL CERTIFICATION	Condition which above stating lying PART in the control of the con	ions, if any, gave rise to cause (a), the undercause last. I. OTHER SIC disease con	DUE TO (b DUE TO (c SNIFICANT Codition given i	ONDITIONS TO PART 1 (a)	CONTRIB	degre	IH but not relate	ed to the to	erminel PARI	I III. If decay there a	ceased was pregnancy in N	female von last 90 da
DOCUM	- I	Condition which above stating lying PART in the state of	ions, if any, gave rise to cause (a), the undercause last. II. OTHER SIC disease con 20a. ACCIDE	DUE TO (b DUE TO (c DUE TO (c DIFFICANT C Idition given i	ONDITIONS TO PART 1 (a)	CONTRIB	degre	IH but not relate	ed to the to	erminal PAR1	I III. If decay there a	ceased was pregnancy in N	female von last 90 da
DOCUM	MEDICAL CERTIFICATION	Condition which above stating lying PART in the control of the con	ions, if any, gave rise to cause (a), the undercause last. II. OTHER SIC disease con 20a. ACCUDE Month, E	DUE TO (b DUE TO (c GNIFICANT C dition given i Day, Year 9, -1960	ONDITIONS ON PART I (a) OF INJURY	CONTRIB	UTING TO DEAT	IH but not relate	RRED. (Enter	erminal PART	I III. If decay there a	Coased was pregnancy in No.	female von last 90 da
DOCUM	- I	Condition which above stating lying PART in the stating lying	ions, if any, gave rise to cause (a), the undercause last. II. OTHER SIC disease con 20a. ACCUDE Month, E	DUE TO (b DUE TO (c DUE TO (c SNIFICANT Co dition given i Day, Year 3, -1966 120e, PLACE farm, f	OF INJURY actory, street	CONTRIB	UTING TO DEAT	TH but not relate	RRED. (Enter	erminal PART	Till. If dee there a □ Yes in PART I or - Lab	ceased was pregnancy in No.	female vn lest 90 de
DOCUM	- I	Condition which above stating lying PART in the Condition of the Condition	ions, if any, gave rise to cause (a), the undercause last. I. OTHER SIC disease con 20a. ACCUDE Month, E	DUE TO (b DUE TO (c GNIFICANT C dition given i Day, Year 9, -1960	OF INJURY actory, street	CONTRIB	UTING TO DEAT	TH but not relate	RRED. (Enter	erminal PART	Till. If dee there a □ Yes in PART I or - Lab	ceased was pregnancy in No.	female van last 90 da
DOCUM	- I	Condition which above stating lying PART in the stating lying	ions, if any, gave rise to cause (a), the undercause last. I. OTHER SIC disease con 20a. ACCUDE Month, E WORK	DUE TO (b DUE TO (c DUE TO (c SNIFICANT Co dition given i Day, Year 3, -1966 120e, PLACE farm, f	OF INJURY actory, street	CONTRIB DE 2	UTING TO DEAT	TH but not relate W INJURY OCCUI 204. CITY, TOWN R:	RRED. (Enter	erminal PART	COUNTY	ONSET Ceased was pregnancy in No.	female von last 90 da Unknowam 18.)
OF	- I	Condition which above stating lying PART 19. WAS AUTOPSY PERFORMED? YES NO HOLL OF HOL	ions, if any, gave rise to cause (a), the undercause last. I. OTHER SIC disease con 20a. ACCUDE Month, E WORK	DUE TO (b DUE TO (c SNIFICANT Co dition given i NI SUICIDI Day, Year -1966 20e, PLACE farm, f	ONDITIONS IN PART I (a) OF INJURY actory, street	CONTRIB CONTRIB Contrib Contrib	UTING TO DEAT	TH but not relate W INJURY OCCUI 204. CITY, TOWN R:	RRED. (Enter	reminal PART reture of injury TION The best of my kn	COUNTY	ONSET ONSET ONSET PART II of it The causes m the causes	female von last 90 da Unknowam 18.)
OF	MEDICAL	Conditivation which above stating lying PART 1 19. WAS AUTOPSY PERFORMED? YES NO PART 1 20c. TIME OF HOUR INJURY OCCUR! WHILE AT WOR NOT WHILE AT WOR	ions, if any, gave rise to cause (a), the under cause last. 1. OTHER SIC disease con 20a. ACCIDE Month, E WORK B	DUE TO (b DUE TO (c SNIFICANT Co dition given i NI SUICIDI Day, Year -1966 20e, PLACE farm, f	OF INJURY actory, street	CONTRIB CONTRIB Contrib Contrib	UTING TO DEAT	TH but not relate W INJURY OCCUP 204. CITY, TOWN R: Amana and the stated about 22b. ADDRESS R: ADDRESS	RRED. (Enter	reminal PART reture of injury TION The best of my kn	COUNTY COUNTY	coased was pregnancy in No.	femele ven last 90 da Unknown 18.) STATE STATE stated.
OF	MEDICAL	Conditive which above stating lying PART is 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED	ions, if any, gave rise to cause (a), the undercause last. 10. OTHER SIG disease con 20a. ACCUDE Month, E WORK eceased from	DUE TO (b DUE TO (c SNIFICANT Codition given i SNICIDIO Day, Year 0, -1960 20e, PLACE farm, f 1400 (Deg	ONDITIONS IN PART 1 (a) OF INJURY actory, street oree or title)	CONTRIB DE 2 (e.g., in contribution of the c	UTING TO DEAT Ob. DESCRIBE HO Explain or about home, ldg., etc.) , to d. m on th	TH but not relate W INJURY OCCUR 20f. CITY, TOWN R: 4 date stated about 22b. ADDRESS R: EMATORY The tery	RRED. (Enter	TION Take best of my kn CATION (City, to	COUNTY COUNTY	coased was pregnancy in No.	female of lest 90 da Unknown 18.) STATE STATE Stated. DATE SIGN (State)
	WEDICAL	Conditivation which above stating lying PART 1 19. WAS AUTOPSY PERFORMED? YES NO PART 1 20c. TIME OF HOUR INJURY OCCUR! WHILE AT WOR NOT WHILE AT WOR	ions, if any, gave rise to cause (a), the undercause last. 10. OTHER SIG disease con 20a. ACCUDE Month, E WORK eceased from	DUE TO (b DUE TO (c SNIFICANT Cludition given i Day, Year 1-1960	ONDITIONS IN PART 1 (a) OF INJURY actory, street oree or title)	CONTRIB CONTRIB Contrib Contrib	UTING TO DEAT Ob. DESCRIBE HO Explain or about home, ldg., etc.) , to d. m on th	20f. CITY, TOWN R: ae date stated abo 22b. ADDRESS R: EMATORY TE RECD. BY LOCA	RRED. (Enter	rnature of injury TION Tion	COUNTY COUNTY	ONSET 320 PART II of it was the causes in the cause in the cause in the causes in the causes in the cause in the causes in the c	female of female

AS WYE 3 I 1880

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.	Signed Thomas & Bartes			
Signature of Student Embalmer	Signed (Fred Address)			
	Licensed Embalmer Nall-74474			
	P. O. Address Richmond, Mo			

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