

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031778

FILED VS AUG 30 1960

316

Primary Registration District No.

Registrar's No.

332

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Frankclay</u>		Length of stay in 1b <u>30yrs.</u>		c. CITY OR TOWN <u>Frankclay</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>home of daughter</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Murphy</u> Middle <u>Herbert</u> Last <u>Coffman</u>				4. DATE OF DEATH Month <u>Aug.</u> Day <u>24</u> Year <u>1960</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</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>7-10-1907</u>	9. AGE (last birthday) <u>53yrs.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mill operator repairman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead Co.</u>		11. BIRTHPLACE (City and state or country) <u>Quaker, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Coffman</u>			13b. MOTHER'S MAIDEN NAME <u>Ada Yount</u>			14. NAME OF HUSBAND OR WIFE <u>Gladys 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>489-26 5705</u>		17. INFORMANT <u>Mrs. Jim Green, Frankclay, Mo.</u>		Address	
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>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 Min.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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			
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>Jan 3 1960</u> to <u>Aug 24 1960</u> and last saw her/him alive on <u>8 24 60</u> Death occurred at _____ p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>John W. Hunt M.D.</u>				22b. ADDRESS <u>Leadwood Mo</u>		22c. DATE SIGNED <u>8/26/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>		23d. LOCATION (City, town, or county) <u>Leadwood, Missouri</u>		23e. STATE <u>Missouri</u>		
24. FUNERAL DIRECTOR <u>Bert L. Boyer</u>			ADDRESS <u>Leadwood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 26, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 1 1960

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 Bert L. Boyer

Licensed Embalmer No. 3441

P. O. Address Leadwood

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