

FD VS JAN 8 1961 No. 316 Primary Registration District No. Registrar's No. 570

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047233

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Francois									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Randolph Township		Length of stay in 1b 1 hr.		c. CITY OR TOWN Elvins		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Davis Crossing Church of God			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rfd. #1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Grover Cleveland Coffman				4. DATE OF DEATH Month Day Year Dec 25 1960									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-7-1889		9. AGE (last birthday) 70 yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired miner				10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co.		11. BIRTHPLACE (City and state or country) PALMER, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Benjamin Coffman				13b. MOTHER'S MAIDEN NAME Eva Duncan				14. NAME OF HUSBAND OR WIFE Carrie Coffman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 493-034-639		17. INFORMANT Address Carrie Coffman, R.R. 1 Elvins, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 10 min. Known 5 years.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had previous myocardial infarction 10 yrs ago.								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 1953 to Dec 25, 1960 and last saw ^{him} alive on Dec 12, 1960 . Death occurred at 830/p m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. L. Foster (Degree or title) M.D.						22b. ADDRESS Desloge, Mo			22c. DATE SIGNED Dec 26, 1960				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-28-1960		23c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery			23d. LOCATION (City, town, or county) (State) Leadwood, Missouri						
24. FUNERAL DIRECTOR ADDRESS Bert L. Boyer Leadwood, Mo.				25. DATE RECD. BY LOCAL REG. Dec. 28, 1960		26. REGISTRAR'S SIGNATURE Ether Redloff							

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

Student _____
Signature of Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 344

P. O. Address Ladwood

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