

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045623

MENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 42-61

AMENDED

FILED JAN 4 1962

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u>		Length of stay in lb <u>26 hrs</u>	c. CITY OR TOWN <u>Etterville</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>Humphrey's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Etterville</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>MINERVA</u> Last <u>COFFMAN</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>23</u> Year <u>1961</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2 April 1874</u>	9. AGE (last birthday) <u>87</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>	11. BIRTHPLACE (City and state or country) <u>Miller-Co-Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Tollit-Wood</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>John-H-Coffman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT <u>John-H-Coffman - Etterville-Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
IMMEDIATE CAUSE (a)	<u>Coronary Thrombosis</u>	
DUE TO (b)	<u>Arterio Sclerotic Heart disease</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	<u>yrs.</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
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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.) <u>None</u>
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20c. TIME OF INJURY Hour a.m. _____ p.m. _____ Month, Day, Year <u>None</u>
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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.) <u>None</u>	20f. CITY, TOWN, OR LOCATION <u>None</u>	COUNTY _____ STATE _____
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21. I attended the deceased from 12-22-61 to 12-23-61 and last saw her ^{her} alive on 12-23-61
Death occurred at 4:43 P .m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>M.E. Humphreys</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Tuscumbia-Mo</u>	22c. DATE SIGNED <u>25 Dec-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>26 Dec-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	23d. LOCATION (City, town, or county) (State) <u>MILLER-Co-Mo</u>
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24. FUNERAL DIRECTOR <u>Keith McKay</u>	ADDRESS <u>Eldon-Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-27-1961</u>	26. REGISTRAR'S SIGNATURE <u>Wm. D. E. Kallenbach</u>
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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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Keith M. Kays
Licensed Embalmer No. 3998
P. O. Address Eldon Mo

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.