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MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013949
STATE FILE NUMBER

Registration District No. 378 Primary Registration District No. 6285 Registrar's No. 13

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	1140		
2	1140		1
3			
4	1		
5	2		
6			
7	1		
8	0		
9	443X		
10			
11			
12	90-2		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mtn.Grove Township — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.#2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Wright
c. CITY OR TOWN Norwood — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. #2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: OCTAVIA Middle: Last: COFFMAN
4. DATE OF DEATH Month: March Day: 8, Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/7/1870
9. AGE (last birthday): 91 Yrs — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Tennessee
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Bishop Nevels
13b. MOTHER'S MAIDEN NAME: Mary Jane Brown
14. NAME OF HUSBAND OR WIFE: Daniel Coffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Effie Devault, Wadsworth, Nevada — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — 10 yrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-6-62 to 3-6-62 and last saw her alive on 3-6-62
Death occurred at 8:05 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. A. Craig D.O. (Degree or title)
22b. ADDRESS Mountain Grove Mo
22c. DATE SIGNED 3-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/14/1962
23c. NAME OF CEMETERY OR CREMATORY: Thomas Cemetery
23d. LOCATION (City, town, or county) (State): Norwood, Missouri

24. FUNERAL DIRECTOR ADDRESS: Barber Funeral Home - Mtn.Grove, Mo
25. DATE RECD. BY LOCAL REG.: 3-14-1962
26. REGISTRAR'S SIGNATURE: Bernice L Silverman

(Licensed Embalmer's Statement on Reverse Side)

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 George Stapp

Licensed Embalmer No. 3161

P. O. Address Mt. Airy, MD

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.