

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036984

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2584

FILED SEP 20 1962

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in 1b 1 DAY	c. CITY OR TOWN WOOD RIVER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 89 NORTH MAIN STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HENRY --- COFFMAN			4. DATE OF DEATH Month Day Year SEPTEMBER 5, 1962
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 9-11-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION WORKER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	9. AGE (last birthday) 67
11. BIRTHPLACE (City and state or country) DE SOTO, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ROBERT LEE COFFMAN		13b. MOTHER'S MAIDEN NAME DELLA BROWN	
14. NAME OF HUSBAND OR WIFE JANE COFFMAN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) YES WW-I	
16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. JANE COFFMAN, 89 N. Main, Woodriver, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INSUFFICIENCY DUE TO (b) COR PULMONALE DUE TO (c) PULMONARY EMPHYSEMA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH MANY YEARS MANY YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PORTAL FIBROSIS LIVER; NEPHROSCLEROSIS			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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.		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.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE JEFFERSON BARRACKS, MO.	
21. I attended the deceased from 9-4-62 to 9-5-62 and last saw him while he was Death occurred at 11:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John Mueller</i>		22b. ADDRESS M.D. VA HOSP. JEFF. BRKS. MO.	22c. DATE SIGNED 9-5-62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9/8/1962	23c. NAME OF CEMETERY OR CREMATORY WOODLAND HILL	23d. LOCATION (City, town, or county) (State) WOOD RIVER, ILL.
24. FUNERAL DIRECTOR ADDRESS Smith's Funeral Home, 2711 Gilroy		25. DATE RECD. BY LOCAL REG. 9-5-62	26. REGISTRAR'S SIGNATURE <i>John E. Murphy</i>

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1962

SEP 27 1962

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 O. Derrell Smith

Licensed Embalmer No. 29-7563

P. O. Address Alton, Ill.

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.