

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011367
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 109

DO NOT WRITE ON THIS STUB
AMENDED

VS 300	DATE AMENDED
Rev. 4/59	
10421	
20421	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 8 1963	
1. PLACE OF DEATH	
a. COUNTY Henry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor	a. STATE Mo. b. COUNTY Henry
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 W. Benton St.	c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 306 W. Benton St.	d. STREET ADDRESS (If outside, give location) 306 W. Benton St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First BUFORD	Middle GARFIELD Last COFFEY
4. DATE OF DEATH April 2, 1963	
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 10-7-1889
9. AGE (last birthday) 73	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) Rt. Farmer	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Linn Creek, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Lewis Jasper Coffey	13b. MOTHER'S MAIDEN NAME Alice Ann Josephine Moulder
14. NAME OF HUSBAND OR WIFE Delphia Coffey	
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. 495-40-4428
17. INFORMANT Delphia Ann Coffey	Address Windsor, 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) Acute Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH nil
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Disease	5-6 wks
DUE TO (c) General Arteriosclerosis	2 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Asthma and Emphysema	
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 3-2-63 to 4-2-63 and last saw him alive on 3-29-63	
Death occurred at 1:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Clarence M. Hubber, M.D.	22b. ADDRESS Windsor, Mo.
22c. DATE SIGNED 4/4/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-4-1963
23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) Windsor, Mo.
24. FUNERAL DIRECTOR Clifford Gouge ADDRESS Windsor, Mo.	25. DATE RECD. BY LOCAL REG. 4-5-1963
26. REGISTRAR'S SIGNATURE Mildred Biggers	

USE BLACK INK OR TYPEWRITER RIBBON

APR 11 1963

12/10
1963
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STATEMENT BY LICENSED EMBALMER

0-09

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 Clifford Souge

Licensed Embalmer No. 501F

P. O. Address Windsor, Me

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.