

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5101

No. 300
10.48

0492

REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Okla. b. COUNTY Ottawa	
b. CITY (If outside corporate limits, write RURAL and give township) Well City		c. CITY (If outside corporate limits, write RURAL and give township) Commerce 8350	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) 303 South Cherry	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hosp.			
3. NAME OF DECEASED a. (First) Golda b. (Middle) Abbigale c. (Last) Coffman			4. DATE OF DEATH (Month) (Day) (Year) 3-8-51
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 7-1906
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James F. McSowell	
13b. MOTHER'S MAIDEN NAME Sarah Fuller		14. NAME OF HUSBAND OR WIFE George B. Coffman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George B. Coffman ADDRESS Commerce
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dehydrated DUE TO (c) Intestinal fistula due to Intestinal obstruction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day 15 days		19a. DATE OF OPERATION 3-7-51	
19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction & fistula 5905		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 25, 1950, to March 8, 1951, that I last saw the deceased alive on 3-8, 1951, and that death occurred at 9:27 AM, from the causes and on the date stated above.			
23a. SIGNATURE J. L. Intebeck, M.D.		(Degree or title)	23b. ADDRESS Joplin Mo.
23c. DATE SIGNED 3-9-51			
24a. PORTAL CREMATION (Removal of body)	24b. DATE 3/10/51	24c. NAME OF CEMETERY OR CREMATORY G.A.R. Cemetery	24d. LOCATION (City, town, or county) (State) Miami Okla
DATE REC'D BY LOCAL REG. Mar 9-51	REGISTRAR'S SIGNATURE J. L. Intebeck, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Cooper Funeral Home	ADDRESS Miami Okla

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-13-51
Jasper County Health Office

County File Number 51-2-200

Date Filed 3-13-51

APR 15 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ *not Embalmed* by me, or by

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Blayton M. Johnston*

Licensed Embalmer No. *4304*

P. O. Address *Webb City, 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 this body is not embalmed, fact should be so stated above.