

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5725 State File No. 30799

FILED SEP 27 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 304E Registrar's No. 100

0610  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>MAcon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon Rural (Hudson)</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>	
c. LENGTH OF STAY (in this place) <b>3 months</b>		0611	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lake View Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs. Nora</b> b. (Middle) <b>Coffman</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 16, 1951</b>
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5. SEX <b>F.M.</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed 2</b>	8. DATE OF BIRTH <b>Feb. 14, 1881</b>	9. AGE (in years last birthday) <b>70</b>	10. MONTHS <b>7</b>	11. DAYS <b>2</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Macon, Mo. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Albert Prickett</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Sally McNames</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Olivia L. Lewallen, Rt2, Kansas City, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>7-10 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 13, 1951**, to **Sept 16, 1951**, that I last saw the deceased alive on **Sept 16, 1951**, and that death occurred at **8:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul Masson M.D.</b> (Degree or title)	23b. ADDRESS <b>Macon Mo</b>	23c. DATE SIGNED <b>9/17/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial 11</b>	24b. DATE <b>Sept. 18, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bucklin, Mo.</b>
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DATE RECD BY LOCAL REG. <b>9/17/1951</b>	REGISTRAR'S SIGNATURE <b>Ruth McNeely 185</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Larson Funeral Services</b>	ADDRESS <b>Bucklin, Mo.</b>
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RECEIVED 9.24.57  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7.01135  
Date Filed 9.24.57

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.