

FILED OCT 16 1951

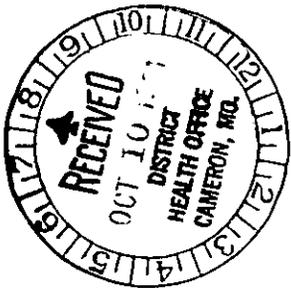
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34718

BIRTH NO. _____		REG. DIST. NO. <u>298</u>		PRIMARY REG. DIST. NO. <u>4448</u>		Registrar's No. <u>60</u>		
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		c. LENGTH OF STAY (In this place) <u>60 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		<u>1890</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lawson, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>8</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> b. (Middle) <u>ADELINE</u> c. (Last) <u>COFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 21 1951</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 7 1866</u>		9. AGE (In years last birthday) <u>85</u>	MONTHS <u>0</u>	DAYS <u>14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <u>Breckenridge Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert M. Wallace</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hunt</u>		14. NAME OF HUSBAND OR WIFE <u>J. L. Coffman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>4</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. P. Coffman</u>					ADDRESS <u>Lawson Mo</u>
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) <u>Hypostatic Pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Hemiplegia</u>						<u>8 wks</u>	
	DUE TO (c) <u>Essential Hypertension</u>						<u>10 yrs.</u>	
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 <u>444X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Lawson Ray Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June</u> , 19 <u>51</u> , to <u>Sept 21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 20</u> , 19 <u>51</u> , and that death occurred at <u>5:30 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Otto E. Buehner M.D.</u>				23b. ADDRESS <u>Lawson Mo</u>		23c. DATE SIGNED <u>Sept 21, 1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 22 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>			
DATE REC'D BY LOCAL REG. <u>Sept 22, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Raymond Krole</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarman-Richard</u>				ADDRESS <u>Lawson, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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



**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 .....  
Student Embalmer

Signed

*Lucretia K. Jarman*

Licensed Embalmer No. *4589*

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