

FILED MAY 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15707
State File No.

BIRTH NO. 19991 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3027 Registrar's No. 2336

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>	
c. LENGTH OF STAY (in this place) <u>9 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Doctors Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Doctors Hospital</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathleen</u> b. (Middle) <u>Anne</u> c. (Last) <u>Coffin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>April 26, 1952</u>
9. AGE (In years last birthday) <u>0</u> if UNDER 1 YEAR Months <u>0</u> Days <u>9</u> if UNDER 2 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	
11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Grange Coffin</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Paul</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Grange Coffin</u> ADDRESS <u>Malden, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) slating the underlying cause last. DUE TO (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 <u>776x</u>	
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 <u>4-26-1952</u> to <u>5-5-1952</u> , that I last saw the deceased alive on <u>5-5-1952</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Arthur C. Parker M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>May 11 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHARLESTON S.C.</u>	
24d. LOCATION (City, town, or county) (State) <u>CHARLESTON S.C.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME</u> ADDRESS <u>MALDEN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>May 12 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> ADDRESS <u>428-0</u>	

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

134
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RECEIVED
MAY 20 1952
BUTLER CO. HEALTH CENTER
FILE No. 552-261

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 J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, 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.