

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41999

State File No.

FILED JAN 12 1953

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|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. <u>2000</u> | | Registrar's No. <u>1169-A</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>GREENE</u> | | | |
| b. CITY OR TOWN <u>SPRINGFIELD</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>SPRINGFIELD</u> | | d. STREET ADDRESS (If rural, give location) <u>925 EAST LOMBARD</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE 925 E Lombard</u> | | | | d. STREET ADDRESS (If rural, give location) <u>925 EAST LOMBARD</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ETHRIDGE</u> | | b. (Middle) <u>MALCOM</u> | | c. (Last) <u>COFFEY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 29-1952</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>Feb 9 1885</u> | |
| 9. AGE (In years last birthday) <u>67</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SEARS ROEBUCK Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>VAN ALSTYNE TEXAS</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>William H Coffey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lilly E. Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>May Bell Coffey</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. C.W. Butler Council Bluffs Iowa</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerotic Heart dis. 4y</u> DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 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) <u>4200</u> | | | |
| 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>12-29, 1952</u> to <u>12-29, 1952</u> , that I last saw the deceased alive on <u>12-29, 1952</u> , and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>Springfield, Mo</u> | | 23c. DATE SIGNED <u>12-31-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-31-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Asht Grove Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>1-7-53</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Asht Grove Mo</u> | | | |

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

Joseph L. Snydal
.....
Licensed Embalmer No. *4302*
.....

P. O. Address *East Grove - Wis*
.....

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.