

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43929

State File No.

FILED DEC 17 1953

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5976 Registrar's No. 158

0840

1. PLACE OF DEATH a. COUNTY <u>POLK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL WALNUT GROVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WALNUT GROVE</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>RR# 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>RONDO</u> b. (Middle) <u>GUY</u> c. (Last) <u>COFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 7 - 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 20 - 1911</u>		9. AGE (In years last birthday) <u>42</u>		10. 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>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>RR# 1 WALNUT GROVE - MO</u>	

13a. FATHER'S NAME <u>G. E. Coffman</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Coffman</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 ADDRESS <u>Grace Coffman - Walnut Grove - Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		CORONARY THROMBOSIS			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>FLU WITH DIARRHOEA</u>			
		DUE TO (c) <u>A HEART CONDITION FROM OVER WORK</u>			
II. OTHER SIGNIFICANT CONDITIONS -		A LONG TIME.			
		Conditions contributing to the death but not related to the disease or condition causing death.			

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)	
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 ARRIVED, AFTER DEATH, 1953, that I last saw the deceased alive on 12-30-53, and that death occurred at 12:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Barber MD</u> (Degree or title)		23b. ADDRESS <u>WALNUT GROVE. MO.</u>		23c. DATE SIGNED <u>12-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial Dec 9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery Polk County Mo.</u>	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Brim - Daniel - Walnut Grove - Mo</u>		ADDRESS	
DATE REC'D BY LOCAL REG. <u>12-10-53</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brim - Daniel - Walnut Grove - Mo</u>	

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

DEC 31 1953

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.....

Wayne Laurel
Licensed Embalmer No. 4702

P. O. Address.....

Ash Grove - 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.