

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3822

State File No.

13127-53

BIRTH NO. 1140 FEB 15 1954 REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6286 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Wright</u> <u>1140</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Grove, MO. P.R. 1140</u>		c. CITY OR TOWN <u>Mt Grove, MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wood Run</u>		e. STREET ADDRESS (If rural, give location) <u>Wood (Township) 1140</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janet</u> b. (Middle) <u>CAROL</u> c. (Last) <u>COFFMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 17 - 54</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-12-53</u>	9. AGE (In years last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mansfield MO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Arvin Coffman</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Marotak Coffman</u>		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dr. Warthey. Hartsville MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating 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		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>490X</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 1-13, 1954, to 1-17, 1954, that I last saw the deceased alive on 1-17, 1954, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Warthey</u> (Degree or title)		23b. ADDRESS <u>Hartsville Mo.</u>		23c. DATE SIGNED <u>1-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Chapel</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hartsville MO</u>	

DATE REC'D BY LOCAL REG. <u>2-4-54</u>		REGISTRAR'S SIGNATURE <u>A.B. Ames</u> <u>34800</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Simpson Funeral Home Hartsville Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side) John S. Simpson

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

County File Number 254-23
Date Filed 2-13-54

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.....
Signature of Student Embalmer

Signed R. W. Barber

Licensed Embalmer No. 384
P. O. Address Mtn. Home

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 embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.