

FILED NOV 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37576**

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5827** Registrar's No. **37**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewis Twsp.		c. CITY OR TOWN Lilbourn	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles N.W. Of Lilbourn		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) Florence b. (Middle) Elizabeth c. (Last) Coffee			4. DATE OF DEATH Nov. 10 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 15 1873
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	
11. BIRTHPLACE (City and State or Foreign Country) Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Coffee		13b. MOTHER'S MAIDEN NAME Alvina Adams	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Sam Coffee, Lilbourn, Mo.	
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) arterio Sclerosis INTERVAL BETWEEN ONSET AND DEATH X ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 447X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Nov 1, 1955 , to Nov 10, 1955 , that I last saw the deceased alive on Nov 10, 1955 , and that death occurred at 11 Am. , from the causes and on the date stated above.	
23a. SIGNATURE E. E. Jones M.D. (Degree or title)?		23b. ADDRESS Lilbourn, Mo	
23c. DATE SIGNED Nov 12 55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-12-55		24c. NAME OF CEMETERY OR CREMATORY Evergreen	
24d. LOCATION (City, town, or county) (State) New Madrid, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H. L. Bondy Deputy ADDRESS Ponder Funeral Home-Lilbourn, Mo.	
DATE REC'D BY LOCAL REG. 11-12-55		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

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Dr. Jones.

DATE RECEIVED NOV 15 1955
NEW MADRID CO. HEALTH CENTER
P. J. L.

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 Homer L. Ponder

Licensed Embalmer No. 336

P. O. Address Tilbourn

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.