

FILED APR 16 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 230

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SPRINGFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSP.</u>		Length of stay in lb <u>7 Days</u>	d. STREET ADDRESS <u>1211 E. STANFORD</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>WILLIAM</u> First <u>H.</u> Middle <u>COFFINBERRY</u> Last			4. DATE OF DEATH <u>APRIL 6 1956</u> Month <u>APRIL</u> Day <u>6</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 10 1879</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BANKER & BUSINESS COUNSELOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FT. WAYNE, INDIANA</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>	
13. FATHER'S NAME <u>H.N. COFFINBERRY</u>			14. MOTHER'S MAIDEN NAME <u>EILZ DITTON</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.		17. INFORMANT Address <u>MRS. NELL C. DUNCAN SPRINGFIELD, MO.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Prostate with metastases</u>					INTERVAL BETWEEN ONSET AND DEATH <u>16 mo's</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)
					DUE TO (c)
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Aug 1955</u> to <u>Apr 6, 1956</u> and last saw her alive on <u>4-6-56</u> Death occurred at <u>10:45 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert D. Duncan M.D.</u>			22b. ADDRESS <u>Springfield, MO</u>		22c. DATE SIGNED <u>4-8-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		23b. DATE <u>4/10/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEWCOMER'S CREMATORY</u>		23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
24. FUNERAL DIRECTOR <u>H. H. LOHMEYER</u>		ADDRESS <u>SPRINGFIELD, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4-9-56</u>	26. REGISTRAR'S SIGNATURE <u>Edith Williams</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8561 8 4 0 1957
8561 9 NOV 6 1958

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. J. McCann*.....

Licensed Embalmer No. *272*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.