

FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1127**

BIRTH NO. _____		REG. DIST. NO. <b>138</b>		PRIMARY REG. DIST. NO. <b>4219</b>		Registrar's No. <b>88</b>				
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <b>Hickory</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weaubleau</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Hickory</b>				
c. LENGTH OF STAY (In this place) <b>7 1/2 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Weaubleau</b>		d. STREET ADDRESS (If rural, give location) <b>N. W. Weaubleau</b>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N. W. Weaubleau</b>				d. STREET ADDRESS (If rural, give location) <b>N. W. Weaubleau</b>						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX				
a. (First) <b>James</b>	b. (Middle) <b>Roy</b>	c. (Last) <b>Coffey</b>	Month <b>JAN</b>	Day <b>8</b>	Year <b>1957</b>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>			
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 15-1891</b>		9. AGE (In years last birthday) <b>65</b>	10. MONTHS <b>0</b>	11. DAYS <b>23</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>			11. BIRTHPLACE (State or foreign country) <b>Weaubleau MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>		
13a. FATHER'S NAME <b>W. D. Coffey</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Cox</b>			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>			17. INFORMANT'S SIGNATURE OR NAME <b>William A. B. Coffey-Kansas City, MO</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Burned To Death in a fire</b>							
			ANTECEDENT CAUSES							
			<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>That destroyed his home</b></p> <p>DUE TO (c) _____</p>							
18. II. OTHER SIGNIFICANT CONDITIONS			<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><b>9160</b></p>							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>16</b>						20. AUTOPSY? <b>2</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>in his home</b>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>043</b>				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>May Johnson Local Registrar</b>					23b. ADDRESS <b>Hermitage Missouri</b>			23c. DATE SIGNED <b>1-14-57</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		24b. DATE <b>Jan 13-1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Roberson Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Weaubleau MO</b>				
DATE REC'D BY LOCAL REG. <b>Jan 14-57</b>		REGISTRAR'S SIGNATURE <b>May Johnson</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Gilbert Hathaway - Weaubleau, MO</b>					

(Licensed Embalmer's Statement on Reverse Side)

**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

*Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, 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.