

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **47164**

FILED JAN 20 1958

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **123**

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

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission) a. STATE Missouri b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 7 days	c. CITY OR TOWN Malden		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION So. East Hospital			e. STREET ADDRESS (If rural, give location) 405 So. Edward St.		
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) CAROLINE	c. (Last) COFFIN	4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1957	
5. SEX Fm	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 25, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Bollinger County Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Wm. Denton		13b. MOTHER'S MAIDEN NAME Elmine Miller	14. NAME OF HUSBAND OR WIFE Claude Coffin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Generalized ANTECEDENT CAUSES Diabetes Mellitus 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.				INTERVAL BETWEEN ONSET AND DEATH 5+ yrs. Unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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) 260X			
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 12-14 , 19 57 , to 12-19 , 19 57 , that I last saw the deceased alive on 12-19 , 19 57 , and that death occurred at 11:15 pm , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harold Redding MD			23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 12/30/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-57	24c. NAME OF CEMETERY OR CREMATORY Plainview Cem	24d. LOCATION (City, town, or county) (State) Bessville, MO		
DATE REC'D BY LOCAL REG. 1-14-58	REGISTRAR'S SIGNATURE Elizabeth Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wesley L. Luten		

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 *P. O. Laird*.....

Licensed Embalmer No. *4538*.....

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