

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031502
STATE FILE NUMBER

FILED AUG 26 1958 Registration District No. 352 Primary Registration District No. 4577 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY TANEY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TANEY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRANSON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Powersite 1060 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.		Length of stay in 1b 2WK	d. STREET ADDRESS (If outside, give location) Powersite Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARY CAROLINE EDWARDS			4. DATE OF DEATH Month Day Year Aug. 14, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 17, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handsewing		10b. KIND OF BUSINESS OR INDUSTRY Handsewing	9. AGE (In years last birthday) 71 IF UNDER 1 YEAR: Months 3 Days 27 Hours Min. IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME JACKSON Coffelt		11b. MOTHER'S MAIDEN NAME Mahala Coffelt	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JACKSON Coffelt		14. NAME OF HUSBAND OR WIFE deceased	
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 Mrs Cleo Rain Powersite Mo Address 4201
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism DUE TO (b) myocardial infarction DUE TO (c) Quinquef. Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Aug 7th 1958 Aug 5th 1958 apx.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Aug 7th 1958 to Aug 14th 1958 and last saw her alive on Aug 9th 1958 Death occurred at 8:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Fayette, Mo	
22c. DATE SIGNED 8/16/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-17-58	23c. NAME OF CEMETERY OR CREMATORY Edwards Cemetery	23d. LOCATION (City, town, or county) (State) Kubigsville Mo
24. FUNERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. 8-22-58	26. REGISTRAR'S SIGNATURE Heleen Campbell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Walter S. Cole*

Licensed Embalmer No. *4731*

P. O. Address *Fayette*

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.