

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001702
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY OR TOWN OVERLAND PARK Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSP.		d. STREET ADDRESS 7401 METCALF AVE. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b 2 DAYS			

3. NAME OF DECEASED (Type or print) First ALBERTA Middle Last COFFMAN			4. DATE OF DEATH Month JANUARY Day 12 Year 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 11, 1932	9. AGE (In years last birthday) 26	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) MIAMI, OKLA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME M. D. SPOHN	13b. MOTHER'S MAIDEN NAME ROSA D. WILLARD	14. NAME OF HUSBAND OR WIFE DEAN COFFMAN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. UNK	17. INFORMANT DEAN COFFMAN, 7401 METCALF, KS. Address OVERLAND PARK,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute yellow atrophy of liver, post-partum. DUE TO (b) Delivery of full term viable infant 14 days previously. (Infant delivered at St. Margaret's Hospital, Kansas City, Kan.) DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 72 hours.
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 _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 MIAMI, OKLAHOMA		20g. COUNTY MIAMI STATE OKLAHOMA

21. I attended the deceased from 1-10-59 to 1-12-59 and last saw her alive on 1-12-59
Death occurred at 7:25 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Arthur Lee Smith</i> (Degree or title)	22b. ADDRESS 410 Jackson, Joplin, Mo.	22c. DATE SIGNED 1-21-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-14-59	23c. NAME OF CEMETERY OR CREMATORY G.A.R. CEMETERY,	23d. LOCATION (City, town, or county) (State) MIAMI, OKLAHOMA
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24. FUNERAL DIRECTOR COOPER FUNERAL HOME, MIAMI, OKLAHOMA	25. DATE RECD. BY LOCAL REG. 1-29-59	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>
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(Licensed Embalmer's Statement on Reverse Side)

300
-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.