

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012061

STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 77

300  
-57

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		10870 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 411 S. Ash		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ella Miranda Coffman			4. DATE OF DEATH Month Day Year February 18 1959			
5. SEX Fm 1	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 9, 1873	9. AGE (In years (at birthday)) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
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) Harrison Co., Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joshua Smith		13b. MOTHER'S MAIDEN NAME Emily Sharp		14. NAME OF HUSBAND OR WIFE Frank Coffman		
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. None	17. INFORMANT Address 11112 E. 19th. R. L. Coffman, Independence, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Hypertension					INTERVAL BETWEEN ONSET AND DEATH unknown	
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) Fracture of right hip - Jan 28, 1959					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1	
20a. ACCIDENT <input checked="" 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.) MISSISSIPPI				
20c. TIME OF INJURY Hour Month, Day, Year a.m. <del>12:00:00</del> p.m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 12-23-56 to 2-18-59 and last saw her alive on 2-18-59 Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) James J. Moore MD			22b. ADDRESS Moore Building, Nevada, Mo.		22c. DATE SIGNED 2-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1959 February 21	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		23d. LOCATION (City, town, or county) (State) Nevada Missouri		
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 3-28-1959	26. REGISTRAR'S SIGNATURE Anna J. Ferry			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. August Ferry* .....

Licensed Embalmer No. *4960* .....

P. O. Address *Meranda, Miss*

\*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.