

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016721
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>101 No. Rogers</u>	
3. NAME OF DECEASED (Type or print) First <u>Owen</u> Middle <u>Morris</u> Last <u>Coffelt</u>				4. DATE OF DEATH Month <u>June</u> Day <u>7</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>June 7, 1959</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>1</u> Days <u>55</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Columbia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jack Coffelt</u>				14. MOTHER'S MAIDEN NAME <u>Macy Phyllis Morris</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT <u>Jack Coffelt 101 No. Rogers</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary atelectasis</u> DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>Premature rupture of membranes 2 mks. clut foot left; deformity of 5 toes bilaterally.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr + 55 min</u>	
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 type="checkbox"/> NO <input checked="" 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 <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		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 <u>Columbia, Mo</u>	
21. I attended the deceased from <u>June 7, 1959</u> to <u>June 7, 1959</u> and last saw her alive on <u>June 7, 1959</u>		Death occurred at <u>19:50</u> m on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE <u>James J. Palmer</u> (Degree or title)		22b. ADDRESS <u>Columbia, Mo</u>	
22c. DATE SIGNED <u>June 7, 1959</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>6-9-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Femme Cem.</u>	
23d. LOCATION (City, town, or county) <u>Boone County, Mo</u>		23e. STATE <u>Mo</u>		24. FUNERAL DIRECTOR <u>Palmer Funeral Service, Columbia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>June 8 1959</u>	
26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>							

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. Phillips*

Licensed Embalmer No. *4*

P. O. Address *Columb*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.