

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031312

FILED VS AUG 26 1959

366

65

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY WASHINGTON		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before death; or place of death if death occurred in institution) MISSOURI WASHINGTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WALTON	Length of stay in 1b Life	c. CITY OR TOWN POTOSI, MO.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Mi. SW Potosi		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RT. 2

3. NAME OF DECEASED (Type or print) First FRED Middle EARL Last COFFMAN			4. DATE OF DEATH Month AUG. Day 17 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. YEAR OF BIRTH 1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WASHINGTON Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S. A.	

13a. FATHER'S NAME JOHN COFFMAN		13b. MOTHER'S MAIDEN NAME ELIZABETH KING		14. NAME OF HUSBAND OR WIFE LULA COFFMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) WORLD WAR NO. 1		16. SOCIAL SECURITY NO. 498-109-984	17. INFORMANT GLADYS THOMAS ST. LOUIS 27, MO.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	myocarditis	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.	Month, Day, Year		
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	COUNTY STATE

21. I attended the deceased from **11/19/57** to **Aug 17, 59** and last saw him alive on **Jan 10, 1959**
Death occurred at **11 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. F. Presswell MD		22b. ADDRESS Potosi Mo.		22c. DATE SIGNED 8/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-20-59	23c. NAME OF CEMETERY OR CREMATOR PALMER	23d. LOCATION (City, town, or county) (State) WASHINGTON Co. Mo.	
24. FUNERAL DIRECTOR OMAN JENKINS		ADDRESS Potosi, Mo.	25. DATE RECD. BY LOCAL REG. 8/20/59	26. REGISTRAR'S SIGNATURE Arbuthnot Rudall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 27 1959

AUG 28 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murphy Pearson

Licensed Embalmer No. 433 C

P. O. Address Robt King

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