URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-038756
STATE FILE NUMBER

FILED VS NOV 3 0 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 352

IENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in lb: lda
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Grim-Smith Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Adair
c. CITY OR TOWN: Kirksville
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. F.D. Niniveh Twp
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ida Middle: May Last: Coonfield
4. DATE OF DEATH: Month Nov. Day 19 Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/25/1889
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Adair County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Culler
13b. MOTHER'S MAIDEN NAME: Emma Fegley
14. NAME OF HUSBAND OR WIFE: I. E. Coonfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.:
17. INFORMANT: I. E. Coonfield, Address: Kirksville, Mo.

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 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.
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): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11/19/59 to — and last saw her/him alive on 11/19/59
Death occurred at 8:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward M. Grim, M.D.
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 11/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11/22/59
23c. NAME OF CEMETERY OR CREMATORY: Mulberry Cemetery
23d. LOCATION (City, town, or county) (State): Adair County, Mo.

24. FUNERAL DIRECTOR: Paul M. Riley
ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 11-21-1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

EDWARD M. GRIM, M.D.

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_____ Signed Kenneth E. Hayes
Signature of Student Embalmer

Licensed Embalmer No. 4890

P. O. Address Kirksville, Mo

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