MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016050

STATE FILE NUMBER

Registration District No. 2 1 2 Primary Registration District No. 3044 Registrar's No. 21

FILED APR 18 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Eldon — Length of stay in 1b: years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 10th & Chestnut — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Miller
c. CITY OR TOWN: Eldon — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 10th & Chestnut — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Cleo L. Middle Coffman Last
4. DATE OF DEATH: Month March Day 27, Year 1962
5. SEX: female
6. COLOR OR RACE: caucasian
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/17/15
9. AGE (last birthday): 47 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Camden County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George C. Spencer
13b. MOTHER'S MAIDEN NAME: Stella Scoby
14. NAME OF HUSBAND OR WIFE: William Coffman
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.: none
17. INFORMANT: Stella Spencer, Address: Eldon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: few weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Undetermined
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bilateral Pulmonary TBC
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 Mch 15 1962 to Mch 27 1962 and last saw her alive on March 27 1962
Death occurred 12:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. O. Shelton M.D.
22b. ADDRESS: Eldon, Mo.
22c. DATE SIGNED: Mch 29 62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/29/62
23c. NAME OF CEMETERY OR CREMATORY: Eldon
23d. LOCATION (City, town, or county) (State): Eldon, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Phillips Funeral Home, Eldon, Mo.
25. DATE RECD. BY LOCAL REG.: Mar. 29, 1962
26. REGISTRAR'S SIGNATURE: A. Werretta Walt

(Licensed Embalmer's Statement on Reverse Side)

VS APR 19 1962

JUL 17 1962

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 Dan E. Phillips

Licensed Embalmer No. 5108

P. O. Address Ellen

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.