MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017640

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 26

FILED MAY 7 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

1	0950
2	0950
3	
4	1
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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MINNITH — Length of stay in 1b: LIFE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MINNITH P.O. — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN: MINNITH — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): MINNITH P.O. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JOYCE Middle ANN Last COFFMAN

4. DATE OF DEATH: Month APRIL Day 28 Year 1962

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/27/50

9. AGE (last birthday): 11 — 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): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): MINNITH

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: THOMAS COFFMAN

13b. MOTHER'S MAIDEN NAME: EDNA HOFFMAN

14. NAME OF HUSBAND OR WIFE: ——

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.:

17. INFORMANT: Thomas Coffman Address: Minnith 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): Gastro-enteritis — INTERVAL BETWEEN ONSET AND DEATH: 4 to 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Palsy — since birth
DUE TO (c):
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. ☐ 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 birth, to Apr 28, 1962 and last saw her/him alive on Apr. 27, 1962
Death occurred at home m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A. Carrow M.D.

22b. ADDRESS: Perryville Mo.

22c. DATE SIGNED: 4-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 4/30/62

23c. NAME OF CEMETERY OR CREMATORY: MINNITH

23d. LOCATION (City, town, or county) (State): MINNITH MO

24. FUNERAL DIRECTOR ADDRESS: Leo C. Basler Ste. Genevieve Mo

25. DATE RECD. BY LOCAL REG.: 29 April 1962

26. REGISTRAR'S SIGNATURE: George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

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 Adrian J. Stelle

Signature of Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve Mo

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.