MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027982

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 541 Registrar's No. 1149-B

FILED JUL 24 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0390
2	0391
3	
4	1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sunshine Acres — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY Greene
c. CITY OR TOWN SPRINGFIELD — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1515 N. Hampton — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LUCY Middle ALICE Last RAMEY

4. DATE OF DEATH Month July Day 15, Year 1963

5. SEX FeMale

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 16Feb1873

9. AGE (last birthday) 90 — 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 Home

11. BIRTHPLACE (City and state or country) Iowa

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Coffman

13b. MOTHER'S MAIDEN NAME Miller

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi No

16. SOCIAL SECURITY NO.

17. INFORMANT Ina Richey (Daughter) Address Springfield, 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) Cardio-Vascular Disease

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 7/1/63, to 7/15/63 and last saw her him alive on 7/10/63

Death occurred at 3:40 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lyman D. Brown M.D.

22b. ADDRESS 311½ College SPRINGFIELD MO.

22c. DATE SIGNED 7/18/63

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

23b. DATE 7-19-63

23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

23d. LOCATION (City, town, or county) (State) Springfield, Mo.

24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. jhc — ADDRESS SPRINGFIELD MO.

25. DATE RECD. BY LOCAL REG. 7-22-63

26. REGISTRAR'S SIGNATURE Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

Permit 7-16-63

NOV 6 1963

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 Ogle Sloane Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.