

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41320**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **394**

1. PLACE OF DEATH a. COUNTY <b>Wacleda</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Wacleda</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lebanon</b>	c. LENGTH OF STAY (in this place) <b>60 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b> <b>0530</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wallace Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <b>WLYSAS</b> b. (Middle) <b>Grant</b> c. (Last) <b>COFFMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12/7/50</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Unwedded</b>	8. DATE OF BIRTH <b>July 20, 1893</b>
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Laclede Co. Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Calvin Coffman</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Loferty</b>	14. NAME OF HUSBAND OR WIFE <b>Laura Goens</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Earnest Coffman</b> ADDRESS <b>Lebanon Mo</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot wound</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE & HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lebanon Laclede Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 7 50 PM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Self-inflicted</b>	
22. I hereby certify that I attended the deceased from <b>12-7, 1950</b> , to <b>12-7, 1950</b> , that I last saw the deceased alive on <b>12-7, 1950</b> , and that death occurred at <b>4 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. Cunningham</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Lebanon</b>	23c. DATE SIGNED <b>12-11-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 10 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>White Oak Burd. Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Laclede Co. Mo.</b>
DATE REC'D BY LOCAL REG. <b>12-12-1950</b>	REGISTRAR'S SIGNATURE <b>Hella L. Hays</b>	424	25. FUNERAL DIRECTOR'S SIGNATURE <b>Palmers</b> ADDRESS <b>Lebanon, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0532  
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Received ..... **DEC 16 1980** .....  
Laclede County Health Unit  
File No. .... **12-50-189** .....  
Date Filed ..... **DEC 18 1980** .....

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**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 .....  
Student Embalmer

Signed Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.**