

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 14 1949

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Mines mo</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Della</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Coleman</u>	<u>10 21 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-23-1923</u>	9. AGE (In years last birthday) <u>26</u>	10. <u>2</u> MONTHS <u>28</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington County</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Frank Anthony Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Pearl Chapell</u>		14. NAME OF HUSBAND OR WIFE <u>Bernard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>498-22-0348</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernard Coleman</u> ADDRESS <u>Old Mines Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FRACTURED SKULL HOMICIDE</u>		DUPLICATE				
ANTECEDENT CAUSES		DUE TO (b) <u>DUE TO BEATING BY HUSBAND.</u>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>OUT ON STATE HIGHWAY #21</u>				
II. OTHER SIGNIFICANT CONDITIONS		NEAR OLD MINES MO.			<u>E 963X</u>	
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) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ON HIGHWAY # 21</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>OLD MINES MO. WASHINGTON MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 15 49 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>BEATING BY HUSBAND WHILE DRINKING</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed. Howell</u> (Degree or title) <u>CORONER</u>		23b. ADDRESS <u>IRONTON MO.</u>		23c. DATE SIGNED <u>10/24/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Joachim</u>	
24d. LOCATION (City, town, or county) (State) <u>Old Mines MO</u>		24e. REGISTRAR'S SIGNATURE <u>Mrs Aris Jones</u>		24f. FUNERAL DIRECTOR'S SIGNATURE <u>128</u> ADDRESS <u>BOYER FUNERAL HOME POTOSI MO</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 2, 1949</u>					

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

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RECEIVED 11-5-49

Health Officer No. 4

File Number 1149-14

Date Filed

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,

Student Embalmer No. _____

working under my personal supervision.

Signed *C.A. Howell*

Signed _____
Student Embalmer

Licensed Embalmer No. *3670*

P. O. Address *Grouton md*

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.