

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38373

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Reynolds</u>	
b. CITY OR TOWN <u>Ellington</u>		c. CITY OR TOWN <u>Ellington</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Tennessee</u>	b. (Middle) <u>Tennie</u>	c. (Last) <u>Coleman</u>	<u>10-24-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-20-1871</u>		9. AGE (In years last birthday) <u>78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Reynolds Co. Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Dan Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Dicie Hampton</u>		14. NAME OF HUSBAND OR WIFE <u>John Coleman</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Cowan</u> ADDRESS <u>Ell. Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sev. yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulm. Tuberculosis</u>		DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>102X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan., 1948, to 10-24-, 1949, that I last saw the deceased alive on 10-24, 1949, and that death occurred at 5 P:m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Mottson, M.D.</u> (Degree or title) <u>D</u>		23b. ADDRESS <u>Van Buren, Mo.</u>		23c. DATE SIGNED <u>10-25-49</u>	
---	--	------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pine Valley</u>		24d. LOCATION (City, town, or county) (State) <u>Reynolds Co. Mo.</u>	
---	--	---------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>Nov. 25</u>		REGISTRAR'S SIGNATURE <u>Essie Evans</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Phil A. Leuckel</u> ADDRESS <u>Van Buren, Mo.</u>	
---	--	--	--	---	--

RECEIVED 12/1/49
District Health Officer No. 5.
District File Number 1249746
Date Filed 12/2/49

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.

Signed Allen C McGowan

Signed _____
Student Embalmer

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.