

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1588

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5604 Registrar's No. 1

0560

1. PLACE OF DEATH  
a. COUNTY Johnson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Montserrat  
c. LENGTH OF STAY (in this place) 6 weeks  
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. #3 Warrensburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Johnson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Montserrat  
d. STREET ADDRESS (If rural, give location) R.R. #3 Warrensburg

3. NAME OF DECEASED  
a. (First) William b. (Middle) Franklin c. (Last) Coleman

4. DATE OF DEATH (Month) (Day) (Year)  
January 4, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Divorced 8. DATE OF BIRTH July 7, 1862 9. AGE (in years last birthday) 87 # UNDER 1 YEAR Months Days # UNDER 4 HRS. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Coleman 13b. MOTHER'S MAIDEN NAME Francis F. Burnes 14. NAME OF HUSBAND OR WIFE Elizabeth Francis Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Albert Coleman ADDRESS Warrensburg, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Arteriosclerosis  
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.

INTERVAL BETWEEN ONSET AND DEATH 1 month

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 12-15, 1949, to 1-4, 1950, that I last saw the deceased alive on 1-2, 1950, and that death occurred at 10 A.M., from the causes and on the date stated above.

23a. SIGNATURE R. Lee Cooper M.D. (Degree or title) 23b. ADDRESS Warrensburg Mo 23c. DATE SIGNED 1-9-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1 24b. DATE 1-6-50 24c. NAME OF CEMETERY OR CREMATORY Shila Cemetery 24d. LOCATION (City, town, or county) (State) Johnson Co. Missouri

DATE REC'D BY LOCAL REG. January 11, 1950 REGISTRAR'S SIGNATURE Erma L. Smith 139 0 25. FUNERAL DIRECTOR'S SIGNATURE R. B. Brauminger ADDRESS Warrensburg, Mo.

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

**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 \_\_\_\_\_

*Elmo Triplett*

Student Embalmer No. 340

working under my personal supervision

*Elmo D. Triplett*

Student .....  
Student Embalmer

Signed

*W. W. Banninger*

Licensed Embalmer No. 3377

P. O. Address Wassonburg, 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.