

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13369

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 159

0484  
 1

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>INDEPENDENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>INDEPENDENCE</u>	
c. LENGTH OF STAY (in this place) <u>40 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1314 WEST WALNUT STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1314 WEST WALNUT STREET</u>		d. STREET ADDRESS (If rural, give location) <u>1314 WEST WALNUT STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>MAYBELLE</u> c. (Last) <u>SMITH COLEMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 21-1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY-8-1896</u>
9. AGE (In years last birthday) <u>73 YEARS</u>		11. BIRTHPLACE (State or foreign country) <u>SHARRATON IOWA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>ALBERT SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>ROSEANNA HAYWORTH</u>	14. NAME OF HUSBAND OR WIFE <u>OZERO COLEMAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LOUIS J. COLEMAN</u> ADDRESS <u>1314 WEST WALNUT ST. INDEPENDENCE, MO.</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>			<u>5 yrs</u>
	DUE TO (c) <u>Arterio Sclerosis</u>			<u>5 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none except senility</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>nil</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>331X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 June, 1948 to June, 1950 that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. B. Casbeck MD</u>	23b. ADDRESS <u>4000 Baltimore N. Ave</u>	23c. DATE SIGNED <u>4/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR. 24-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>
24d. LOCATION (City, town, or county) <u>KANSAS CITY</u>	24e. STATE <u>MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK BLVD. KANSAS CITY, MO.</u>
DATE REC'D BY LOCAL REG. <u>Apr. 22-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *Wayne L. Daniel*

Licensed Embalmer No. *4702*

P. O. Address *Kansas City - Missouri*

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.