FILED APR 21 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15554

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 58

**1. PLACE OF DEATH**
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston,
c. LENGTH OF STAY (In this place): 3 Yr.,
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-326 DIXIE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Missouri 1062
d. STREET ADDRESS (If rural, give location): 326 Dixie Street

**3. NAME OF DECEASED** (Type or Print): a. (First) Earnest b. (Middle) James c. (Last) Coleman

**4. DATE OF DEATH** (Month) (Day) (Year): April 8 1950

**5. SEX**: Male

**6. COLOR OR RACE**: Colored

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): XXXXXXXXX

**8. DATE OF BIRTH**: March 30 1935

**9. AGE** (In years last birthday): 14 — If under 1 year: Months 0 Days 8 — If under 24 hrs.: Hours - Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): XXXX

**10b. KIND OF BUSINESS OR INDUSTRY**: School boy

**11. BIRTHPLACE** (State or foreign country): Hughes, Arkansas

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Jessie J. Coleman

**13b. MOTHER'S MAIDEN NAME**: Hattie Duovall

**14. NAME OF HUSBAND OR WIFE**: NONE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME**: Jessie J. Coleman — ADDRESS: 326 Dixie St.,

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Rheumatic fever.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

4 Dbx.

**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) m.

**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* 4-5, 19 50 *to* ——, 19____, *that I last saw the deceased alive on* ——, 19____, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: E. D. Urban (Degree or title) M.D.

**23b. ADDRESS**: Sikeston Mo

**23c. DATE SIGNED**: 4-11/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): B

**24b. DATE**: 4-16-50

**24c. NAME OF CEMETERY OR CREMATORY**: Sunset Cemetary

**24d. LOCATION** (City, town, or county) (State): West of Sikeston, Mo.

**DATE REC'D BY LOCAL REG.**: Apr 12-50

**REGISTRAR'S SIGNATURE**: Mrs Ella Hunter

**25. FUNERAL DIRECTOR'S SIGNATURE**: Fred J. Smith — ADDRESS: 1212 Maud St.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 17 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 450-7

**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 Fred J. Smith
Licensed Embalmer No. 4408
P. O. Address Sikeston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.