

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1950

State File No. 17117
JUN 13 1950

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 204 Registrar's No. 272

1950

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 63 yrs.		d. STREET ADDRESS (If rural, give location) 2124 Empire	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns			

3. NAME OF DECEASED (Type or Print)	a. (First) Lulu	b. (Middle) Ellen	c. (Last) Coleman	4. DATE OF DEATH (Month) (Day) (Year) May 27 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 8, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Granby, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Youngblood	13b. MOTHER'S MAIDEN NAME Julia Shearer	14. NAME OF HUSBAND OR WIFE Clark Coleman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Clark Coleman	ADDRESS 2124 Empire
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neumbroke		
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis Heart Disease	
		DUE TO (c) Cerebral Vascular Disease	
II. OTHER SIGNIFICANT CONDITIONS		4/200	
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb 1889, to May 27, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE H. Schuster (Degree or title)	23b. ADDRESS Joplin	23c. DATE SIGNED 6-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-29-1950	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin Missouri
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DATE REC'D BY LOCAL REG. 6-3-50	REGISTRAR'S SIGNATURE Ed J. James	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary	ADDRESS Joplin
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RECEIVED 6-9-50
Jasper County Health Office

County File Number 50-6-450

Date Filed 6-9-50

MAY 22 1950

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 F. M. Jones

Signed _____
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.