

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19390

BIRTH NO. 32737-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 681

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) 1407 Felix					
3. NAME OF DECEASED (Type or Print) a. (First) Pamela			b. (Middle) Jean		c. (Last) Coleman		4. DATE OF DEATH (Month) (Day) (Year) June 8, 1950		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) nevermarried		8. DATE OF BIRTH June 8, 1950		9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Days 3	IF UNDER 24 HRS. Min. 30	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Eldon E. Coleman			13b. MOTHER'S MAIDEN NAME Phyllis Dexter			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Eldon E. Coleman, St. Joseph, Mo.				ADDRESS	
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) Respiratory failure						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) Premature birth.							
		DUE TO (c) Shock							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7735	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 8, 1950, to June 8, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) Edward J. Sandberg, M.D.				23b. ADDRESS 224 Logan Bldg St. Joseph, Mo.			23c. DATE SIGNED 6/9/50		
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE 6-9-50	24c. NAME OF CEMETERY OR CREMATORY Ashland		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.				
DATE REC'D BY LOCAL REG. June 12, 1950		REGISTRAR'S SIGNATURE E. C. Jenkins 382		25. FUNERAL DIRECTOR'S SIGNATURE Newton Bowman		ADDRESS St. Joseph, Mo.			

*W. Howard
Lagan 1969*

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 *James B. Hawkins*

Licensed Embalmer No. *4536*

P. O. Address *319 S. 10th St. Great Falls, N.C.*

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.