

FILED SEP 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27656

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5842 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dayton</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 mi W. of Racine</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles W. of Racine</u>		e. STREET ADDRESS (If rural, give location) <u>2 mi W. of Racine</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Reed</u> c. (Last) <u>Coleman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>Jan. 5, 1863</u>
9. AGE (in years last birthday) <u>87</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Benjamin Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hendrickson</u>	
14. NAME OF HUSBAND OR WIFE <u>Indiana S.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blaine Burkhart</u> ADDRESS <u>Seneeca</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>stroke</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>Aug 26, 1950</u> , to <u>Sept 1, 1950</u> that I last saw the deceased alive on <u>Aug 26, 1950</u> , and that death occurred at <u>1:00 p. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>J. P. Seneeca M.D.</u>		23b. ADDRESS <u>Seneeca Mo.</u>	
23c. DATE SIGNED <u>9-2-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>9/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneeca Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Seneeca, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Reddick</u> ADDRESS <u>Seneeca Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-3-50</u>		REGISTRAR'S SIGNATURE <u>Phyllis Birt</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

730

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH DEPT,  
District File Number 950-183  
Date Filed SEP 5 1950

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**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 W E Bidlecome.....

Licensed Embalmer No. 2174.....

P. O. Address Seneca 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.