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0.48

FILED AUG 25 1950
Dr. Martin

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29120

State File No. _____
Registrar's No. 123

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH
a. COUNTY Scott
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Scott

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 322 E Kathleen Sikeston, Mo. 10
c. LENGTH OF STAY (in this place) Mo. 10
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo. 1002

d. FULL NAME OF HOSPITAL OR INSTITUTION Home - 322 E. Kathleen
d. STREET ADDRESS (If rural, give location) 107 W Kathleen St. Sikeston, Mo

3. NAME OF DECEASED
a. (First) Ida b. (Middle) Mae c. (Last) Coleman
4. DATE OF DEATH (Month) (Day) (Year) 8 1 1950

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH 3/3/82 9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 4 Days 28 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Obien Co Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Glover 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Ruben Coleman

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. No 17. INFORMANT'S SIGNATURE OR NAME Harold Coleman Sikeston, 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crownary Occlusion
ANTECEDENT CAUSES DUE TO (b) Cardio-Vascular-Renal Disease
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

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) (Min) _____ 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 8-20, 1946, to 8-1, 1950, that I last saw the deceased alive on 8-1, 1950, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Martin (Degree or title) M.D. 23b. ADDRESS Sikeston, Mo. 23c. DATE SIGNED 8-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/3/50 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem 24d. LOCATION (City, town, or county) (State) Sikeston, Mo.

DATE REC'D BY LOCAL REG. Aug 18-50 REGISTRAR'S SIGNATURE Mrs Ella Hunter 429 25. FUNERAL DIRECTOR'S SIGNATURE John Albritton ADDRESS Sikeston, Mo.

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

RECEIVED AUG 21 195

SCOTT COUNTY HEALTH CE

CO. FILE NO. 850-

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.....

John Allerton

Signed.....
Student Embalmer

Licensed Embalmer No. 2941

P. O. Address Jefferson

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.