

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5746

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6066 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>Roscoe</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Roscoe-Rural Roscoe Twp.</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Callie</u>		b. (Middle) <u>Coleman</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 27, 1869</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	
IF UNDER 4 HRS. Hours <u></u> Min. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Auburn, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Volney Perkins</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Holland</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. M. Allison</u>		ADDRESS <u>Roscoe, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza (double)</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>could not retain any nourishment</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
INTERVAL BETWEEN ONSET AND DEATH <u>481X</u>		19a. DATE OF OPERATION <u>none</u>	
19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no injury</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>no injury</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>2-4</u> , 19 <u>51</u> , to <u>2-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>51</u> , and that death occurred at <u>10:30 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. W. Richardson M.D.</u>		23b. ADDRESS <u>Tiffin Mo</u>	
23c. DATE SIGNED <u>2-8-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Springs</u>		24d. LOCATION (City, town, or county) (State) <u>St. Clair Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-9-51</u>		REGISTRAR'S SIGNATURE <u>H. Seavers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Broadbent</u>		ADDRESS <u>Osceola Mo</u>	

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

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RECEIVED 3-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-10-51 \_\_\_\_\_

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 *J B Goodrich* \_\_\_\_\_

Licensed Embalmer No. 3038 \_\_\_\_\_

P. O. Address *Quincy, 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.