

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7437**

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Barry County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett	c. LENGTH OF STAY (in this place) 5 hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville, Route 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincents Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Ulysses	b. (Middle) Lincoln	c. (Last) Coleman	4. DATE OF DEATH (Month) (Day) (Year) March 18, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1919	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Days 8	IF UNDER 1 YEAR Hours 23	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Orchard and Hardware	10b. KIND OF BUSINESS OR INDUSTRY Hardware Lumber yard	11. BIRTHPLACE (State or foreign country) Marionville, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Byron Russell Coleman	13b. MOTHER'S MAIDEN NAME Maude Brown	14. NAME OF HUSBAND OR WIFE Genevieve Coleman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. U. L. Coleman, Marionville, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Irreversible Shock.		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Puncture of Rt. Lung		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			26

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 055	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lawrence, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 17, 1951 5:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? CAR-ACCIDENT.
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22. I hereby certify that I attended the deceased from **March 17, 1951**, to **March 18, 1951**, that I last saw the deceased alive on **March 18, 1951**, and that death occurred at **1:10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. P. Caputo	(Degree or title) M.D.	23b. ADDRESS Lawrence, Mo.	23c. DATE SIGNED 3-19-51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 20, 51	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	24d. LOCATION (City, town, or county) (State) Marionville, Mo.
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DATE REC'D BY LOCAL REG. 3-20-51	REGISTRAR'S SIGNATURE W. M. West	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Hurdidge	ADDRESS Marionville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 24 1951

Dist. File 357-633

Date Filed 3-24-51

FEB 1 1955

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.....
Student Embalmer

Signed Sherman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.