

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15604

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 28

| | | | |
|---|-------------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Centralia</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Centralia</u> | |
| c. LENGTH OF STAY (In this place) <u>30 YRS.</u> | | d. STREET ADDRESS (If rural, give location) <u>711 E. Rodenmyer St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>711 E. Rodenmyer St.</u> | | d. STREET ADDRESS (If rural, give location) <u>711 E. Rodenmyer St.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u> b. (Middle) <u>Mae</u> c. (Last) <u>Coleman</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May-16-1951</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>2-11-1880</u> |
| 9. AGE (In years) (Months) (Days) (Hours) (Min.) last birthday <u>71</u> <u>3</u> <u>5</u> | | 9. AGE (In years) (Months) (Days) (Hours) (Min.) last birthday <u>71</u> <u>3</u> <u>5</u> | |
| 10a. 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>Housewife</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Mattoon, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>James Brown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bruce</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Harold Coleman, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | |

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|--|--|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sensitivity</u> | | |
| DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 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) <u>4201</u> |
| 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 5-11-1951, to 5-16-1951, that I last saw the deceased alive on 5-16-1951, and that death occurred at 4:16 P.M., from the causes and on the date stated above.

| | | |
|---|------------------------------------|--|
| 23a. SIGNATURE <u>H. P. Roberts</u> (Degree or title) | 23b. ADDRESS <u>Centralia, Mo.</u> | 23c. DATE SIGNED <u>5-16-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5-18-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Centralia, Mo.</u> | | |

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|---|--|---|
| DATE REC'D BY LOCAL REG. <u>May 17-1951</u> | REGISTRAR'S SIGNATURE <u>Maud M. Bride</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Emma Jean Ballant</u> ADDRESS <u>Centralia, Mo.</u> |
|---|--|---|

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

RECEIVED 5-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-21-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Paul J. Baller

Signed.....
Student Embalmer

Licensed Embalmer No. 4206

P. O. Address Centralia, 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.