.S. No. 300
EV. 10.48

1100
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25984

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6242 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ConnonsMines. kingston life
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ConnonsMines Kingston TwnShip
d. STREET ADDRESS (If rural, give location): 1100

3. NAME OF DECEASED (Type or Print)
a. (First): Alexis
b. (Middle): David
c. (Last): Coleman

4. DATE OF DEATH (Month) (Day) (Year): 8 1 1951

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3-15-1891
9. AGE (In years last birthday): 60 — If under 1 year: Months 4, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): ConnonsMines, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Zeno Coleman
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Francis Coleman

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.:
17. INFORMANT'S SIGNATURE OR NAME: Francis coleman Cadet RT 1 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, asthenia, etc.' It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart lesion — INTERVAL BETWEEN ONSET AND DEATH: 5 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio sclerosis — 15 yr.
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: 4500
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) m.:
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* May 10, 1948, *to* 8-1, 1951, *that I last saw the deceased alive on* 7-27, 1951, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph L. Sherman (Degree or title): M.D.
23b. ADDRESS: Potosi, Mo
23c. DATE SIGNED: 8-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-4-1951
24c. NAME OF CEMETERY OR CREMATORY: St Joachims Cemetery
24d. LOCATION (City, town, or county) (State): Old Mines, Mo

DATE REC'D BY LOCAL REG.: 8/4/51
REGISTRAR'S SIGNATURE: Helen Eidal 403
25. FUNERAL DIRECTOR'S SIGNATURE: Smith-Higginbotham — ADDRESS: Potosi, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

AUG 1951

WASH. COUNTY HEALTH DEPT.

File No. [redacted]

851-219

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.