

FILED SEP 6 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27854

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 82	
1. PLACE OF DEATH a. COUNTY Pike 0821				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Buffalo 0820			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital				d. STREET ADDRESS (If rural, give location) R # 2, Louisiana, Mo. 0			
3. NAME OF DECEASED (Type or Print) Thomas Milton Coleman			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Aug. 13, 1951 (Month) (Day) (Year)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH July 8, 1879	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Montgomery City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General Labor		11. BIRTHPLACE (State or foreign country) Montgomery City, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles E. Coleman			13b. MOTHER'S MAIDEN NAME Jennie (?)			14. NAME OF HUSBAND OR WIFE Emma	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Coleman, Louisiana, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X				INTERVAL BETWEEN ONSET AND DEATH 6 mo +	
19a. DATE OF OPERATION 7/17/51		19b. MAJOR FINDINGS OF OPERATION Ca of Stomach - metastases				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) _____			
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 7-16, 1951, to 8-13, 1951, that I last saw the deceased alive on 8-13, 1951, and that death occurred at 11:10 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Chas H. Jewellen (Degree or title) M.D.				23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 7-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/17/51		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Louisiana, Mo.	
DATE REC'D BY LOCAL REG. Aug 17, 1951		REGISTRAR'S SIGNATURE Bernice Collier 374		F. FUNERAL DIRECTOR'S SIGNATURE George D. Nugent		ADDRESS Louisiana, Mo.	

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

Date Received: **AUG 31 1951**  
DISTRICT HEALTH OFFICE #2 <sup>1531</sup>  
District File Number ~~9-57-15-33~~  
Date Filed: **SEP 1 1951**

**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, ~~XXXX~~.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed *George O. Wagner*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. **3773**.....

P. O. Address **Louisiana, 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.**