

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

38098

State File No.

No. 300

10.48

FILED DEC 13 1957

REG. DIST. NO. 209

PRIMARY REG. DIST. NO. 3043 Registrar's No. 382

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place) <u>6 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>New London</u>		d. STREET ADDRESS (If rural, give location) <u>8870</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evering Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>JANE</u> c. (Last) <u>COLEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 1 1951</u>		
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 8-1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days
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	11. BIRTHPLACE (State or foreign country) <u>Ralls Co, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Clyton S. Carter</u>		13b. MOTHER'S MAIDEN NAME <u>George Ann Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>John William Coleman</u>	
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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles S. Cannon 312 1/2 St. Burlington 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterio Sclerosis</u> 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.		
19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>334X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 <u>10-22-1951</u> , to <u>12-1-1951</u> , that I last saw the deceased alive on <u>11-30-1951</u> , and that death occurred at <u>2:50 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. H. Hasty MD</u>			23b. ADDRESS <u>Hannibal Mo</u>		23c. DATE SIGNED <u>12-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 3 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View</u>	24d. LOCATION (City, town, or county) (State) <u>New London, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-10-51</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. C. Fisher Feeders Inc. Frankford Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 10 1951

HEALTH DEPT.

DATE FILED DEC 10 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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joe Fields Megowan

Licensed Embalmer No. 4093

P. O. Address Frankford 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.