

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7698

State File No. ....

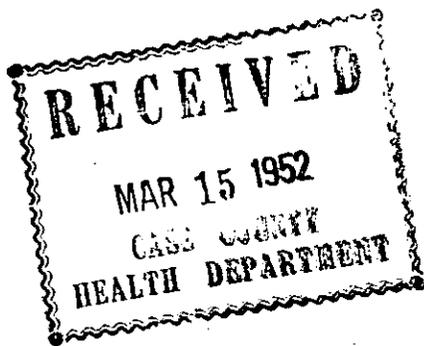
FILED MAR 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5230 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>RURAL Raymore</u> <sup>township</sup> <u>Jug</u> )		c. LENGTH OF STAY (in this place) <u>18 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Raymore</u> <sup>township</sup> <u>Jug</u> <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile east Raymore</u>			d. STREET ADDRESS (If rural, give location) <u>1/2 mile east Raymore</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAZEL</u> b. (Middle) <u>FERN</u> c. (Last) <u>COLEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 5, 1901</u>	9. AGE (In years last birthday) <u>50</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 <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Joplin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm. B. Gregory</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Glen 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 none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glen Coleman Belton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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. <u>Obesity - Diabetic</u>					
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>March 6, 1952</u> , to <u>March 7, 1952</u> ; that I last saw the deceased alive on <u>March 6, 1952</u> , and that death occurred at <u>1:20 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John R. M. Kee D.D. V. Belton, Mo</u>			23b. ADDRESS <u>Belton, Mo</u>		23c. DATE SIGNED <u>March 8, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/10/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Winfield, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Mar 10 1952</u>		REGISTRAR'S SIGNATURE <u>Dorac Barnard</u> <u>4157</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. K. George &amp; Sons Belton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



**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.....

*Richard E. George*

Signed.....

Student Embalmer

Licensed Embalmer No. *3958*

P. O. Address *Beeton, 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.