

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21210

State File No. ....

LED JUN 20 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5765 Registrar's No. 21

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>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>0640</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Township</u>		d. STREET ADDRESS (If rural, give location) <u>Union Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kilby</u>	b. (Middle) <u>Raymond</u>	c. (Last) <u>Coleman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 24, 1898</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marion County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Perry Coleman</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Johnston</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl M. Cobb</u>
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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>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Coleman</u>	ADDRESS <u>Philadelphia, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pyloric end of Stomach</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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>1517</u>
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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?
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22. I hereby certify that I attended the deceased from June 1, 1952 to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 11:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>R.H. Stukeman</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Palmyra, Mo.</u>	23c. DATE SIGNED <u>6/11/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/12/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Philadelphia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/13/52</u>	REGISTRAR'S SIGNATURE <u>By Viola Ben, Reg. Sec.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ben's Bros</u>	ADDRESS <u>Palmyra, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1640  
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RECEIVED JUN 10 1952  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 18 1952

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

*Ross Lewis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2362*

P. O. Address *Palmyra - 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.