

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24021

State File No.

FILED AUG 13 1952

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Osage)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Osage)</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 mile S. Davisville, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mile S. Davisville, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISA</u> b. (Middle) <u>CATHERINE</u> c. (Last) <u>COLEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/20/1952</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>8/10/1874</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>10</u>	
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>---</u>		11. BIRTHPLACE (State or foreign country) <u>Dillard, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Andrew Dyer</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Hedrick</u>		14. NAME OF HUSBAND OR WIFE <u>Gus Coleman</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Andy Coleman, Dillard, Mo.</u> ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Gall Bladder</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>none</u>					

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>155X</u>	
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 7-26-52 to 7-20-52, 1952, that I last saw the deceased alive on 6-22, 1952, and that death occurred at 7:20p m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Feind</u> (Degree or title)		23b. ADDRESS <u>Rolla mo.</u>		23c. DATE SIGNED <u>8-4-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>7/23/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Dillard Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dillard, Missouri.</u>	
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DATE REC'D BY LOCAL REG. <u>8/19/52.</u>		REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas H. Hubert</u> ADDRESS <u>Steelville, Mo.</u>	
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WRITE PLAINLY—USING UNFADEING 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 _____

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Thomas S. Albert

Licensed Embalmer No. 4332

P. O. Address Steelville, 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.