

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5805

State File No. ....

No. 300  
10.48

FILED MAR 13 1953  
BIRTH NO. ....

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1034

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>2 years</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>14 W. 77th St. Terr. 3943</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Jesse T. COLEMAN</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>2-17-53</u>	
<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed 2</u>	<b>8. DATE OF BIRTH</b> <u>May 24, 1866</u>
<b>9. AGE</b> (in years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Susan Bradley</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Julia Coleman</u> <u>Unknown</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Unknown-Northeast Restorium</u>	
<b>17. ADDRESS</b> _____		<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Congestive Heart failure</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INFLUENZA</u> DUE TO (c) <u>arterio-sclerosis</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. _____		INTERVAL BETWEEN ONSET AND DEATH <u>481 h</u>	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Kansas City, Jackson, Mo</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> _____		<b>22. I hereby certify that I attended the deceased from</b> <u>Jan</u> , 19 <u>50</u> , to <u>Feb 16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-16</u> , 19 <u>53</u> , and that death occurred at <u>8:15 A m.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <u>James C. Walker</u> (Degree or title) _____		<b>23b. ADDRESS</b> <u>1424 prof. Bldg. KCM</u>	
<b>23c. DATE SIGNED</b> <u>2-17-53</u>		<b>24a. PORTAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	
<b>24b. DATE</b> <u>2/17/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Marceline, Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>STINE*McCLURE</u>	
<b>25. ADDRESS</b> <u>K.C. MO.</u>		<b>DATE REC'D BY LOCAL REG.</b> <u>2-18-53</u>	
<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>		_____	

(Licensed Embalmer's Statement on Reverse Side)

Mr. J. W. ...  
1424 Prof. Bldg.  
Ha 0236

2005 6

1:30 or after

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 Eugene Kemmer  
Licensed Embalmer No. 4633  
P. O. Address 1424

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.