S. No. 300
v. 10-48

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

FILED MAR 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9583

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WETZEL HOSPT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: STCLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Collins 0930
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Earnest b. (Middle) M c. (Last) Coleman

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 14 1870

9. AGE (In years last birthday): 82 If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: Hardware

11. BIRTHPLACE (City and State or Foreign Country): St Joseph Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Coleman

13b. MOTHER'S MAIDEN NAME: Mary Frances Avery

14. NAME OF HUSBAND OR WIFE: Florence Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 496-16-5567

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Florence Coleman, Collins Mo

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): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriol Sclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 12, 1953, *to* March 26, 1953, *that I last saw the deceased alive on* March 25, 1953, *and that death occurred at* 1510 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Geo S Wetzel M.D.O

23b. ADDRESS: 105 E. Ohio Clinton Mo

23c. DATE SIGNED: March 27 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar 26 1953

24c. NAME OF CEMETERY OR CREMATORY: LENEXA

24d. LOCATION (City, town, or county) (State): LENEXA Kansas

DATE REC'D BY LOCAL REG.: Mar-26-53

REGISTRAR'S SIGNATURE: Florence Adair

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hoge Funeral Home, Overland Park Kansas

(Licensed Embalmer's Statement on Reverse Side)

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 R. Conaghan

Licensed Embalmer No. 4680

P. O. Address Clinton 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.