

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10647

State File No.

FILED MAR 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		c. LENGTH OF STAY (If in place) <u>55 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		<u>0672</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 W. Cypress St.</u>				d. STREET ADDRESS (If rural, give location) <u>602 W. Cypress St.</u>			
3. NAME OF DECEASED a. (First) <u>Richard</u>			b. (Middle) _____			c. (Last) <u>Coleman</u>	
4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>13</u> (Year) <u>1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>March 3, 1881</u>		9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>10</u>		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Keval, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Tom Coleman</u>			13b. MOTHER'S MAIDEN NAME <u>Unk.</u>			14. NAME OF HUSBAND OR WIFE <u>Minerva 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</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Clarence Coleman Bertrand, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES <u>Chronic Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 mos</u> <u>12 mos (Heart)</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>				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) _____		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>7-12-1952</u> , to <u>2-10-1953</u> , that I last saw the deceased alive on <u>2-10-1953</u> , and that death occurred at <u>10:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. A. Singal M.D.</u> (Degree or title)				23b. ADDRESS <u>204 Locust St Charleston, Mo.</u>		23c. DATE SIGNED <u>2-19-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-24-53</u>		REGISTRAR'S SIGNATURE <u>Jean Housher</u> <u>480-</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>		ADDRESS <u>Charleston, Mo.</u>	

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

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MAR 26 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 27 1953

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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.