

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21513**  
**3069**

No. 300  
10-48

FILED JUL 9-1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>60 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>2148</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Drake Hotel 1018 Locust</u>				
3. NAME OF DECEASED (Type or Print) <u>William F. Coleman</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 28, 1889</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MTH. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drake Hotel</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blackburn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Henry A. Coleman</u>			13b. MOTHER'S MAIDEN NAME <u>Ada Burk</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle 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. <u>490-09-3080</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frances E. Miller Kansas City, 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>Bronchopneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Peritonitis</u> DUE TO (c) <u>Ruptured Ulcer of Stomach</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u> <u>1 day</u> <u>5401</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>June 10, 1953</u> to <u>June 15, 1953</u> , that I last saw the deceased alive on <u>June 15, 1953</u> , and that death occurred at <u>9:30 pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>Ralph H. Miller</u>				23b. ADDRESS <u>4202 1/2 E 24th</u>		23c. DATE SIGNED <u>6/15/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-17-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp &amp; Sons 4139 Truman Rd. K.C., Mo</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Ralph H. Miller D.O.

**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 William H. Egan

Licensed Embalmer No. 4728

P. O. Address N. C. 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.