

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

FILED SEP 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29285**

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>5727</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Mason Co.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Mason</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Johnson Township</u>		c. LENGTH OF STAY (in this place) <u>37 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Johnson Township</u>		d. STREET ADDRESS (If rural, give location) <u>Johnson Trst. Mason Co Mo</u>
3. NAME OF DECEASED a. (First) <u>Dean</u> b. (Middle) <u>Floyd</u> c. (Last) <u>Coleman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-22-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-31-1887</u>		9. AGE (in years last birthday) <u>66</u> UNDER 1 YEAR Months <u>4</u> DAY <u>21</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>general farming</u>	11. BIRTHPLACE (State or foreign country) <u>Knott Co., MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Francis M. Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Acuff</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Coleman</u> ADDRESS <u>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>Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		DUE TO (c) <u></u>
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>			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 1, 1953</u> , to <u>August 22, 1953</u> , that I last saw the deceased alive on <u>Aug. 22, 1953</u> , and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Harold D. Liker D.D.</u>		23b. ADDRESS <u>La Plata Mo.</u>		23c. DATE SIGNED <u>8/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug-24-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Johnson Trst. Mason Co. MO.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 27-53</u>		REGISTRAR'S SIGNATURE <u>Mo O. P. Triffin 186</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. S. Christie La Plata MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1953

RECEIVED 8. 29. 53  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 8. 53. 154  
Date Filed 8. 9. 53

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 D. S. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.