.300
.48
30
0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32760

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osceola
c. LENGTH OF STAY (in this place): 13 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Todd's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Roscoe 0930
d. STREET ADDRESS (If rural, give location): 3 Mi; N- Roscoe

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

4. DATE OF DEATH (Month) (Day) (Year): Sept;11,1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan;12,1935
9. AGE (In years last birthday): 18 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): El Dorado Springs Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Coleman
13b. MOTHER'S MAIDEN NAME: Della Coleman
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 492-38-0529
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: William Coleman, Osceola 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) ~~Extensive Thermal burns~~ Pulmonary + cerebral edema and shock — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Extensive Thermal Burns — 12 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Possible Internal injuries

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none - west of p
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway 82
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 093 (STATE): Osceola St Clair Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 9 11 53 8 45 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: auto accident

22. *I hereby certify that I attended the deceased from* 9 30 AM 9-11, 1953, *to* 9-11, 1953 *that I last saw the deceased alive on* 9-11, 1953 *and that death occurred at* 9 45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William S Everett, D.O.
23b. ADDRESS: Osceola Mo.
23c. DATE SIGNED: 9-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-13-53
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Springs
24d. LOCATION (City, town, or county) (State): Roscoe Star Route Mo.

DATE REC'D BY LOCAL REG.: 9-21-53
REGISTRAR'S SIGNATURE: Ruth Seevers 288-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J B Goodrich Osceola Mo

(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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.