

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15036

State File No.

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains,	
c. LENGTH OF STAY (In this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 714 South Johnson Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence			

3. NAME OF DECEASED (Type or Print) LUNETTIE PATTON COLEMAN			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 15, 1879		9. AGE (In years last birthday) Months Days 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bono, Arkansas	
13a. FATHER'S NAME Daniel Jefferson Patton			13b. MOTHER'S MAIDEN NAME Virginia Ann Stephens		14. NAME OF HUSBAND OR WIFE William Thomas Coleman
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Earl McCoy, Willow Springs, 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) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH few hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia, slight DUE TO (c) Diabetes mellitus			4 yrs. 2 yrs
		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 260 X		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) m.	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 Dec. 7, 1953, to Dec. 8, 1953, that I last saw the deceased alive on Dec. 7, 1953, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE <i>Virginia S. Bailey</i> (Degree or title) D.O.		23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 1/10/54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec. 13, 1953	24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24d. LOCATION (City, town, or county) (State) West Plains, Mo.	

DATE REC'D BY LOCAL REG. 1-29-54	REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hal Spaulding</i>	ADDRESS West Plains, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4601

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 _____

Hal Shouberg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.