

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Dunklin</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Kennett</u>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 Weeks</u>		e. STREET ADDRESS (If rural, give location) <u>607 North Main St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Dunklin Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mayfield</u>	b. (Middle) _____	c. (Last) <u>Coleman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4- 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 4th- 1900</u>	9. AGE (In years last birthday) <u>53</u>	10 UNDER 1 YEAR Months <u>6</u> Days <u>0</u>	11 UNDER 1 HR. Hours <u>0</u> Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Saw Mill</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Flippin Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>M.A. Coleman</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Goodman</u>	14. NAME OF HUSBAND OR WIFE <u>Ollene Coleman</u>
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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>432-05-6255</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ollene Coleman</u>	ADDRESS <u>607 N. Main St.</u>
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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		INTEL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio Vascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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>443 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb, 1953, to Feb, 1954, that I last saw the deceased alive on Feb 4, 1954, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joe A. Zimmerman, M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Kennett Mo</u>	23c. DATE SIGNED <u>2-5-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville</u>	24d. LOCATION (City, town, or county) (State) <u>Hornersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-5-54</u>	REGISTRAR'S SIGNATURE <u>Earl Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leah Service</u>	ADDRESS <u>Kennett Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY WA

DEPARTMENT 2-10-57

COUNTY FILE NUMBER 254-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edyard Sue Ford*

Licensed Embalmer No. 44

P. O. Address *Henri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.