

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11074
State File No.

FILED APR 28 1954

5003
Registrars No. 97

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5003

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN GIBBS - W. J. P.	c. LENGTH OF STAY (in this place) 345	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN GIBBS 0010	
d. FULL NAME OF HOSPITAL OR INSTITUTION GIBBS		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) MARY	b. (Middle) A	c. (Last) COLEMAN	4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1954
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 17 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	11. BIRTHPLACE (City and State or Foreign Country) MACON CO. MISSOURI	12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HENRY SHREAR	13b. MOTHER'S MAIDEN NAME REBECCA AUSMUS	14. NAME OF HUSBAND OR WIFE ASA W. COLEMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGE ZENTZ BRASHEAR 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Hypertension - Arteriosclerosis		
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	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) (Min.)	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 **Sept. 1951** to **4-16 1954**, that I last saw the deceased alive on **4-16 1954**, and that death occurred at **2:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) D.O.	23b. ADDRESS Traskville MO	23c. DATE SIGNED Apr 23 54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/20 1954	24c. NAME OF CEMETERY OR CREMATORY BRASHEAR	24d. LOCATION (City, town, or county) (State) BRASHEAR MO

DATE REC'D BY LOCAL REG. 4-24-54	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Beasley Jr. Hurdland Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.