

FILED OCT 25 1954

STANDARD CERTIFICATE OF DEATH

DR. DUNICAN
State File No. 33574

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 957

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 DAYS		e. STREET ADDRESS (If rural, give location) 855 SO. WELLER	
3. NAME OF DECEASED a. (First) PEGGY b. (Middle) KAREL c. (Last) COLEMAN			
4. DATE OF DEATH (Month) (Day) (Year) OCT, 15, 1954			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUG, 25, 1935
9. AGE (In years last birthday) 19		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT	11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY X	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JOHN COLEMAN		13b. MOTHER'S MAIDEN NAME HELEN PEER	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE AND ADDRESS JOHN COLEMAN SPRINGFIELD, 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) <i>Laceration left lung with Pulmonary Embolism</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fractured left ribs (3, 7, 9, 10) + fractured left femur</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>E9104 26</i>	
19a. DATE OF OPERATION <i>10/15/54</i>		19b. MAJOR FINDINGS OF OPERATION <i>Laceration left lung, fractured ribs</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>4 days</i>	
21a. ACCIDENT, SUICIDE, HOMICIDE? (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., and street-automobile) <i>street-automobile</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>SPRINGFIELD 133 GREENE MISSOURI</i>	21f. HOW DID INJURY OCCUR? <i>TWO CAR - WRECK</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Oct 12, 1954 P</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from <i>10-12, 1954</i> , to <i>10-15, 1954</i> , that I last saw the deceased alive on <i>10-15, 1954</i> , and that death occurred at <i>7:52 P.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>R.D. Dunican</i>		23b. ADDRESS <i>M.D. Springfield MO</i>	
23c. DATE SIGNED <i>10/16/54</i>	24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/18/54	24c. NAME OF CEMETERY OR CREMATORY HAZELWOOD CEMETERY
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS HERMAN LOHMEYER SPRINGFIELD, MO		
DATE REC'D BY LOCAL REG. <i>10-18-54</i>	REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		

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.....
Signature of Student Embalmer

Signed.....
Gene C. Hunt

Licensed Embalmer No. 4739

P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.