

FILED JAN 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. **43359**

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 4

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)	
a. COUNTY Mississippi	b. CITY (If outside corporate limits, write RURAL and give town) Wyatt	a. STATE Missouri	b. COUNTY Mississippi
c. LENGTH OF STAY (in this place) 19 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Wyatt 0670	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del.		d. STREET ADDRESS (If rural, give location) Gen. Del. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) King	b. (Middle)	c. (Last) Coleman	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1954
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5. SEX Male <u>2</u>	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <u>0</u>	8. DATE OF BIRTH Dec. 31, 1883	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) N. Carolina <u>1</u>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unk.	13b. MOTHER'S MAIDEN NAME Unk.	14. NAME OF HUSBAND OR WIFE _____
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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) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Onie Davis, Gen. Del. Wyatt, Mo.	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Instantly
	ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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) (Minute) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 attended as coroner, 1954, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE Francis Shelby - Coroner	(Degree or title)	23b. ADDRESS East Prairie, Mo.	23c. DATE SIGNED 11-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
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DATE REC'D BY LOCAL REG. 12-28-54	REGISTRAR'S SIGNATURE Jean Dearned	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks	ADDRESS Charleston, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

670
1

0670

0

3

JAN 21 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JAN 22 1955

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 _____

Body not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *Frank Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau*

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.