

FILED FEB 7 - 1955

STANDARD CERTIFICATE OF DEATH

605

State File No.

BIRTH NO. 923-55 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>	
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>HOLTS Summit</u>	
c. LENGTH OF STAY (In this place) <u>2 days</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still Osteo Hosp.</u>			
e. STREET ADDRESS (If rural, give location) <u>0140,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paulette</u> b. (Middle) <u>HOPE</u> c. (Last) <u>Coleman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-30-55</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>1-28-55</u>		9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR: Hours <u>8</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wm Albert Coleman</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Coleman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Coleman</u> ADDRESS <u>Holt Summit</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anorexia</u> DUE TO (c) <u>ATELECTASIS</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day & 8 hours</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 28, 1955 to Jan 30, 1955, that I last saw the deceased alive on Jan 30, 1955, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. E. Giffen D.O.</u> (Degree or title)		23b. ADDRESS <u>209 Monroe Ave</u>		23c. DATE SIGNED <u>1-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-31-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Holt Summit Mo</u>					

DATE REC'D BY LOCAL REG. <u>Feb 1-1955</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hoet. Claypool</u> ADDRESS <u>New Bloomfield</u>	
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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

Partially Embalmed by

Signed.....

L. J. Clayton

Licensed Embalmer No. 741

P. O. Address..... New Bloom

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.