

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21040

State File No.

FILED JUL 18 1955

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 5094 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> <u>0070</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Osage Twp.</u>		c. LENGTH OF STAY (in this place) <u>--</u>	c. CITY OR TOWN <u>Rich Hill</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. South of Rich Hill</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAISY</u> b. (Middle) <u>ANN</u> c. (Last) <u>COLEMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1955</u>	

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>October 31, 1892</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Walker, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lee Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie Jenkins</u>	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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis Coleman--Rich Hill, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> <u>4 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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	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) <u>Rich Hill, Missouri</u>

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 July 10, 1955 to July 10, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at Rich Hill, Mo. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. J. [Signature]</u>	23b. ADDRESS <u>Rich Hill, Mo.</u>	23c. DATE SIGNED <u>July 10, 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7/13/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u>		

DATE REC'D. BY LOCAL REG. <u>7-13-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>
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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.....
Signature of Student Embalmer

Signed.....

John G. Underwood

Licensed Embalmer No. 350

P. O. Address *Butler*

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.