

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37483**

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Palmyra
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		STREET ADDRESS (If rural, give location) 812N. Main St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Thomas c. (Last) Coleman			4. DATE OF DEATH (Month) (Day) (Year) 11 13 1955		
5. SEX male		6. COLOR OR RACE colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3/2/14		9. AGE (In years last birthday) 41		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Contractor		11. BIRTHPLACE (City and State or Foreign Country) New London, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John W. Coleman		13b. MOTHER'S MAIDEN NAME Ida Jane Carter		14. NAME OF HUSBAND OR WIFE Capella Coleman	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. (If yes, give year or date of service) W11 486-12-0812		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Capella Coleman Palmyra, Mo.	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension encephalopathy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X			INTERVAL BETWEEN ONSET AND DEATH 24 hours 7 months
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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, 1955, to 11/13, 1955, that I last saw the deceased alive on 11/13, 1955, and that death occurred at 7:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE Wyrth Homlin M.D.		(Degree or title) D.		23b. ADDRESS Palmyra Mo.	
23c. DATE SIGNED 14 Nov 1955					

24a. BURIAL/CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/17/55		24c. NAME OF CEMETERY OR CREMATORY Greenwood cemetery	
				24d. LOCATION (City, town, or county) (State) Palmyra, Mo.	

DATE REC'D BY LOCAL REG. 11-16-55		REGISTRAR'S SIGNATURE Dr. E. M. Lusk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. T. Sprague Palmyra, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 22 1955
MARION CO. HEALTH DEPT.
DATE FILED NOV 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Dean W Huff*

Licensed Embalmer No. *491*
P. O. Address *Palmyra*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.