

XC-155 62 12

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28227

REG. NO. 17944 FILED SEP 6 1956  
SL-504

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

7647

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Cadet</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V.A. Hospital</b> Length of stay in 1b <b>19 Days</b>		d. STREET ADDRESS (If outside, give location) <b>Route 1, Box 191</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>B.</b> Last <b>Coleman</b>			4. DATE OF DEATH Month <b>8</b> Day <b>14</b> Year <b>56</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-12-91</b>
9. AGE (In years last birthday) <b>64</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and state or country) <b>Washington Co., Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John R. Coleman</b>		14. MOTHER'S MAIDEN NAME <b>Emma Boyer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>496-28-8932</b>	17. INFORMANT Address <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b> DUE TO (b) <b>CARCINOMA OF THE FLOOR OF THE MOUTH</b> DUE TO (c) <b>- - - - - 143x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>- - - - -</b>			INTERVAL BETWEEN ONSET AND DEATH <b>UNK.</b> <b>1949</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>NONE</b>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY. Hour <b>-</b> Month <b>-</b> Day <b>-</b> Year <b>-</b> a. m. <b>-</b> p. m. <b>-</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. <b>Not</b> attended the deceased from <b>7-26-56</b> to <b>8-14-56</b> and last saw <b>him</b> alive on <b>8-14-56</b> Death occurred at <b>10:25</b> P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joseph T. Kaminskas</b>		22b. ADDRESS <b>VAH, 915 N. Grand, St. Louis, Mo.</b>	22c. DATE SIGNED <b>8-15-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-17-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Joachim's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Old Mines. Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Arthur W. Smith Potosi, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 17 1956</b>	26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

300 1-56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All discharges in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

50

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 *Mary M. Smith*

Licensed Embalmer No. 43

P. O. Address, Patasi,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It does not 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.