

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER 41405
5392

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2635 Oakley		Length of stay in hospital 45 yrs	d. STREET ADDRESS 2635 Oakley		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLES RUSSELL VINCENT COLEMAN			4. DATE OF DEATH Dec. 13 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 15, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer-Superintendent Metcalf & Bealle		10b. KIND OF BUSINESS OR INDUSTRY Printer-Superintendent Metcalf & Bealle	11. BIRTHPLACE (City and state or country) Vanwert, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME John Coleman			14. MOTHER'S MAIDEN NAME Martha Hill		
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. 486-01-1395	17. INFORMANT Mrs. Mary A. Coleman 2635 Oakley		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis					INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Polycythemia vera and arteriosclerosis					Years 294X
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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. I attended the deceased from May 3, 1949 to December 13, 1956 and last saw him alive on December 6, '56 Death occurred at 2:20 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title) D			22b. ADDRESS 4800 E. 24th Street; KCMo	22c. DATE SIGNED 12-13-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-15-1956	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.		
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar 1800 E. Linwood		25. DATE RECD. BY LOCAL REG. 12-13-56	26. REGISTRAR'S SIGNATURE Neva Minshall		
K. C. Mo.		(Licensed Embalmer's Statement on Reverse Side)			

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. S. Long

diseases in Part I must be, casually related. Coroner cannot certify to a death due to natural causes.

111. T. ...
24th + 1st
Be 1-5949
12:30 PM - 4

MAY 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin Parton*

Licensed Embalmer No. *4*

P. O. Address *KC 7*

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