. Health,
& Welfare
. Public
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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases 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

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10078

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1839

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St.Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips — Length of stay in 1b 27	d. STREET ADDRESS (If outside, give location) 1029 N. Leffingwell — Reside on Farm Yes ☐ No ☐ 2 2/9

3. NAME OF DECEASED (Type or print)	First Ernest	Middle Lenwood	Last Coleman	4. DATE OF DEATH	Month 2 Day 19 Year 57
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Mar. 26,1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Whiteville, Tenn. /	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Peter Coleman		14. MOTHER'S MAIDEN NAME Sarah Parkery			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Olivia Motley 1029a N.Leffingwell			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Insufficiency due to Hypertensive Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c)

OK — Joseph McQueen Deputy Coroner 2/26/57

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Bronchopneumonia-
Arteriolar Nephrosclerosis-Polyposis of the Stomach- Nodular Hyperplasia of Prostate-Pulmonary Emphysema

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

442+

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-18-57, to 2-19-57 and last saw her/him alive on 2-19-57
Death occurred at 8:36 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh Waters, M. D.	22b. ADDRESS 2601N. Whittier	22c. DATE SIGNED 2-23-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/23/67	23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Jackson, Tenn		
24. FUNERAL DIRECTOR ADDRESS Price BEN.Order of Friends 2829 Washington	25. DATE RECD. BY LOCAL REG. FEB 25 '57	26. REGISTRAR'S SIGNATURE J Carl Smith MD MFB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin E. Green

Licensed Embalmer No. 44

P. O. Address St. Louis

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