Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14055
STATE FILE NUMBER

FILED MAY 7 - 1957

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lilbourn — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 2 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY New Madrid
c. CITY OR TOWN Lilbourn 0720 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First John Middle Last Coleman

4. DATE OF DEATH Month April Day 30 Year 1957

5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 15, 1884
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 0 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Huntington, Tenn
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME George Coleman
14. MOTHER'S MAIDEN NAME Unknown

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.
17. INFORMANT Address Amelia Coleman, Lilbourn, Mo.

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) Coronary Thombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hour.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic Nephrosis 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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
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 4-15-57 to 4-30-57 and last saw her/him alive on 4-30-57
Death occurred at 9:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James B. Cameron D.O.
22b. ADDRESS Marston - Mo
22c. DATE SIGNED 5-1-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burila
23b. DATE May 6, 1957
23c. NAME OF CEMETERY OR CREMATORY Free Will Cemetery
23d. LOCATION (City, town, or county) (State) Point Pleasant, Mo

24. FUNERAL DIRECTOR ADDRESS Ponder Funeral Home-Lilbourn, Mo.
25. DATE RECD. BY LOCAL REG. May 1 1957
26. REGISTRAR'S SIGNATURE H. L. Ponder Deputy

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 3 1957
NEW MADRID CO. HEALTH CENTER
O.J.S.

MAY 20 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by Harold H. Ponder, Student Embalmer No. 53 A

working under my personal supervision.

Student Harold H. Ponder
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 336

P. O. Address Lilbourn

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.