

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16681

STATE FILE NUMBER

FILED MAY 24 1957

Registration District No. 113 Primary Registration District No. 5430 Registrar's No. 618

Health, & Welfare
Public
Service

3

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

11

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <u>St. Clair, Mo, on Hwy 66</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Cuba</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy 66, East Enroute</u>		d. STREET ADDRESS (If outside, give location) <u>Cuba Store</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Mable</u> Middle <u>Allene</u> Last <u>Simpson</u>		4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 20, 1908</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Owner</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	9c. AGE (In years last birthday) <u>48</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>	10c. AGE (In years last birthday) <u>48</u>
11. BIRTHPLACE (City and state or country) <u>New Florence, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>William U. Coleman</u>		14. MOTHER'S MAIDEN NAME <u>Mabel Davis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-09-4161</u>	
17. INFORMANT <u>George Simpson, Cuba, Mo.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> 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)			INTERVAL BETWEEN ONSET AND DEATH
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.) <u>331x</u>
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <u>1954</u> to <u>1957</u> and last saw her <u>live</u> on <u>5-18-57</u> Death occurred at <u>11:15</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. B. Williams D. O. 2</u>		22b. ADDRESS <u>Cuba, Missouri</u>	
22c. DATE SIGNED <u>5/19/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/21/1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Oakhill, Crawford, Mo.</u>	
24. FUNERAL DIRECTOR <u>[Signature]</u> ADDRESS <u>Cuba, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5/19/57</u>	
		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

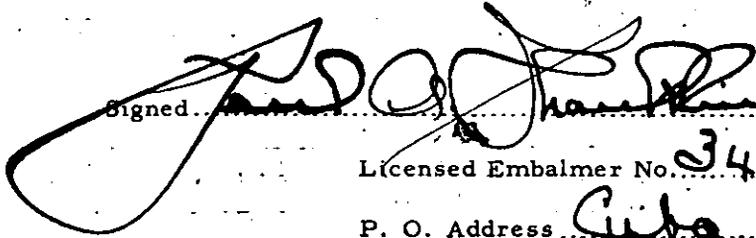
(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1957
MAY 27 1957

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 ,
Licensed Embalmer No. 34
P. O. Address Cuba

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