

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

141
STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO - b. COUNTY BATES	
b. CITY OR TOWN BUTLER Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BUTLER - 001 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION 211 N DELEWARE		d. STREET ADDRESS (If outside, give location) 211 N DELEWARE ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First C Middle E Last COLEMAN		4. DATE OF DEATH Month JAN Day 9 Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 20 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED INSURANCE		10b. KIND OF BUSINESS OR INDUSTRY GEN INS -	11. BIRTHPLACE (City and state or country) ILLINOIS
13a. FATHER'S NAME W.M. COLEMAN		13b. MOTHER'S MAIDEN NAME MARGY MACKLIN	14. NAME OF HUSBAND OR WIFE LUCY COLEMAN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, if unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT LUCY COLEMAN - BUTLER MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) left side heart failure			10 days
DUE TO (c) bronchial pneumonia			11 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) 491X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <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.)	
21. I attended the deceased from Dec. 29th 257 Jan. 9th '58 and last saw her/him alive on Jan. 9th '58 Death occurred at 11 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) L. S. Lathrop M.D.		22b. ADDRESS Butler Mo.	
22c. DATE SIGNED Jan. 11 '58		23d. LOCATION (City, town, or county) (State) HUME MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-11-58	
23c. NAME OF CEMETERY OR CREMATORY HUME CEM -		23d. LOCATION (City, town, or county) (State) HUME MO	
24. FUNERAL DIRECTOR Culver Underwood		25. DATE RECD. BY LOCAL REG. Jan. 11-1958	
ADDRESS Butler Mo		26. REGISTRAR'S SIGNATURE Herbald Krumm	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 2 1958

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 *Robert B. Steinfeld*

Licensed Embalmer No. *4657*

P. O. Address *Bethel, Me.*

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.