

Health, Welfare, Public Service

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011479

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3120**

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>Mineral Point</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Baptist Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>31 11th St</i>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Cornelia Harriet Coleman</i>			4. DATE OF DEATH Month Day Year <i>MAR 17 1958</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 19, 1884</i>	9. AGE (In years last birthday) <i>74</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>	11. BIRTHPLACE (City and state or country) <i>Washington Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Geno Coleman</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Palitte</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Les White</i>	Address <i>Mineral Point Mo.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro Vascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Hypertension & General atherosclerosis</i>	<i>years</i>
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Previous cerebro Vascular Accident 1 month ago</i>		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.) <i>331+</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from <i>2/13/58</i> to <i>3/17/58</i> and last saw her alive on <i>3/17/58</i> Death occurred at <i>5:40 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <i>Walter Henden MD</i>	22b. ADDRESS <i>1410 So 12th St.</i>	22c. DATE SIGNED <i>3/18/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3-18-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Peteri maonivien. Peteri Mo.</i>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <i>Mr. Luther Spahr Peteri Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>MAR 18 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>
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(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in this space. All diseases in Part I must be causally related.

M. J. B.

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 *Murphy L. Spink*
Licensed Embalmer No. *4236*
P. O. Address *Flat River, Mo*

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.