

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-01754

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 5-8 Primary Registration District No. 4214 Registrar's No. 11

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Carter</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carter</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ellsinore, Missouri</b>		c. CITY OR TOWN <b>Ellsinore</b> 0180	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R R # 3</b>		d. STREET ADDRESS (If outside, give location) <b>R R # 3 Johnson J.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Harve A. Coleman.</b>		4. DATE OF DEATH Month Day Year <b>5-17-1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-20-1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	
11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Ida Coleman</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT Address <b>Mrs. Ann Howell, Cape Girardeau, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Pyelonephritis</b> DUE TO (c) <b>6000</b> 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 <b>1 month</b> <b>1 year</b>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>Aug 11, 1954</b> to <b>May 6, 1958</b> and last saw her alive on <b>May 6, 1958</b> Death occurred at <b>10:30 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert C. Chugland M. D.</b>		22b. ADDRESS <b>Poplar Bluff, Missouri</b>	
22c. DATE SIGNED <b>5-19-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-19-1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Walton Chapel</b>		23d. LOCATION (City, town, or country) (Specify) <b>Wayne County, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Greer Croy &amp; Fitch, Poplar Bluff, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>May 28-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs Oeta Henson</b>			

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

MAY 29 1958

CARTER COUNTY  
HEALTH CENTER

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 *Ray P. Adams* .....

Licensed Embalmer No. *4928* .....

P. O. Address *Poplar Bluff, 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.