

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. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019401
STATE FILE NUMBER

FILED JUN 4 1958 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 201

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| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Cantwell 0940 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. Length of stay in lb 1 hour | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First Elva Middle Isabelle Last Coleman | | | 4. DATE OF DEATH Month May Day 20 Year 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 10, 1906 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Ozark Co., Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Louis Byrd | | | 14. MOTHER'S MAIDEN NAME Anna Davis | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Wayne Mabery, Desloge, Mo. | | |

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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) Cerebral thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 2 hours Shunt? Shunt? |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) arterial Hypertension DUE TO (c) arterial Sclerosis 331X | |
| 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"/> |

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|---|-------------------------------|--|--|--|--|
| 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 4:30P a. m. 0 Month, Day, Year 5-20-58 p. m. 0 | | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | 20f. CITY, TOWN, OR LOCATION Flat River, Mo | | COUNTY St. Francois STATE Mo. |
| 21. I attended the deceased from 5-20-58 to 5-20-58 and last saw her ^{her} _{him} alive on 5/20/58 Death occurred at 4:30P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Paul L. Jones MD (Degree or title) | | | 22b. ADDRESS Flat River, Mo | | 22c. DATE SIGNED 5-23-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 5/23/1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Bk. | | 23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo. | |
| 24. FUNERAL DIRECTOR Boyer & Son ADDRESS Desloge, Mo | | | 25. DATE RECD. BY LOCAL REG. May 23 1958 | | 26. REGISTRAR'S SIGNATURE Esther Rudloff |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *C. Z. Boyer*

Licensed Embalmer No. 1671

P. O. Address Desloge, MI

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