

Health & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026428
STATE FILE NUMBER

FILED JUL 30 1958

Registration District No. 267 Primary Registration District No. 8902 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Hays</u>		a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		c. CITY OR TOWN <u>Hays</u>	
Length of stay in 1b <u>12 yrs</u>		STREET ADDRESS (If outside, give location) <u>1 1/2 mi NW Hays</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT COLEMAN</u>			4. DATE OF DEATH Month Day Year <u>7 17 58</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</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>7-11-1884</u>	9. AGE (In years, not birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working time, when retired) <u>Common laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton farm</u>	11. BIRTHPLACE (City and state or country) <u>Wendensburg Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jeb Coleman</u>	13b. FATHER'S MAIDEN NAME <u>Laura Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Coleman</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (Army, Navy, Air Force, Marine, Coast Guard)) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>411-12-3830</u>	17. INFORMANT Address <u>Hattie Coleman Hays Mo</u>
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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) <u>Cerebral apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs 0 min</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>ht. hemiplegia</u>		
DUE TO (c) <u>334X</u>		
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.)
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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 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
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21. I attended the deceased from <u>7-10-58</u> to <u>7-17-58</u> and last saw <u>him</u> alive on <u>7-16-58</u> Death occurred at <u>6:10</u> p.m. 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) <u>W.D. Hays, M.D.</u>	22b. ADDRESS <u>Hays, Mo.</u>	22c. DATE SIGNED <u>7-21-58</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>	23d. LOCATION (City, town, or county) (State) <u>Wardell Mo</u>
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24. FUNERAL DIRECTOR <u>L.J. Smith</u> ADDRESS <u>Hays, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-22-58</u>	26. REGISTRAR'S SIGNATURE <u>John W. German</u>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR BLUE INK. WRITE IF POSSIBLE.

MEDICAL CERTIFICATION

AUG 13 1958

46 1958

CANTONERSVILLE, MO

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 *[Handwritten Signature]*

Licensed Embalmer No. *8627*
P. O. Address *[Handwritten Address]*

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.