

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026027

FILED VS AUG 6 1959

Registration District No. 242 Primary Registration District No. 5830 Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Township		Length of stay in 1b 3 yrs	c. CITY OR TOWN Sikeston Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 3 mi. south of Morehouse, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last COLEMAN NATHAN LANNUM			4. DATE OF DEATH Month Day Year July 24, 1959		
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5. SEX M	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-24-1890	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 11 Days 0 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Lebanon, Kentucky	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Robert N. Lannum	13b. MOTHER'S MAIDEN NAME Bernett Wilson	14. NAME OF HUSBAND OR WIFE Mamie Lusk
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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) Yes WW I	16. SOCIAL SECURITY NO. 430 46 4365	17. INFORMANT Address Mamie L. Lannum, R#4, Sikeston, 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) NATURAL CAUSES - PROBABLY CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH FEW MIN.
DUE TO (b) HAD RECEIVED CONSTANT AND RECENT TREATMENT FOR A THROMBOSIS ATTACK SUFFERED TWO YEARS AGO, BY A PHYSICIAN IN OSCEOLA, ARK.		
DUE TO (c) AGG. BY A PHYSICIAN IN OSCEOLA, ARK.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year	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 As CORONER ONLY and last saw him alive on NEVER Death occurred at 8:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] CORONER NEW MADRID Co.	22b. ADDRESS New Madrid, Mo.	22c. DATE SIGNED 7/24/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-26-1959	23c. NAME OF CEMETERY OR CREMATORY Bassett Cemetery	23d. LOCATION (City, town, or county) (State) Osceola, Arkansas
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25. DATE RECD. BY LOCAL REG. 7-25-59	26. REGISTRAR'S SIGNATURE Nathaniel M. Bain
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1932

APR 6 1932

APR 6 1932

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo.

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

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